Release Notes – v9.0.19

Some exciting features in this release!

✓ EMR Features

- Redesigned Diagnosis & Problem List
- Launched Bed Management Module
- New Charting Module Flowsheet to track Exercise details
- Speech Therapy: ability to chart speech symbols

✓ PM Features

- Completely Re-Designed Batch Payment
- Allow undoing ERA mapping

Any questions regarding the release notes should be addressed to support@insynchcs.com or call 877-346-7962 for customer service.

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EMR FEATURES

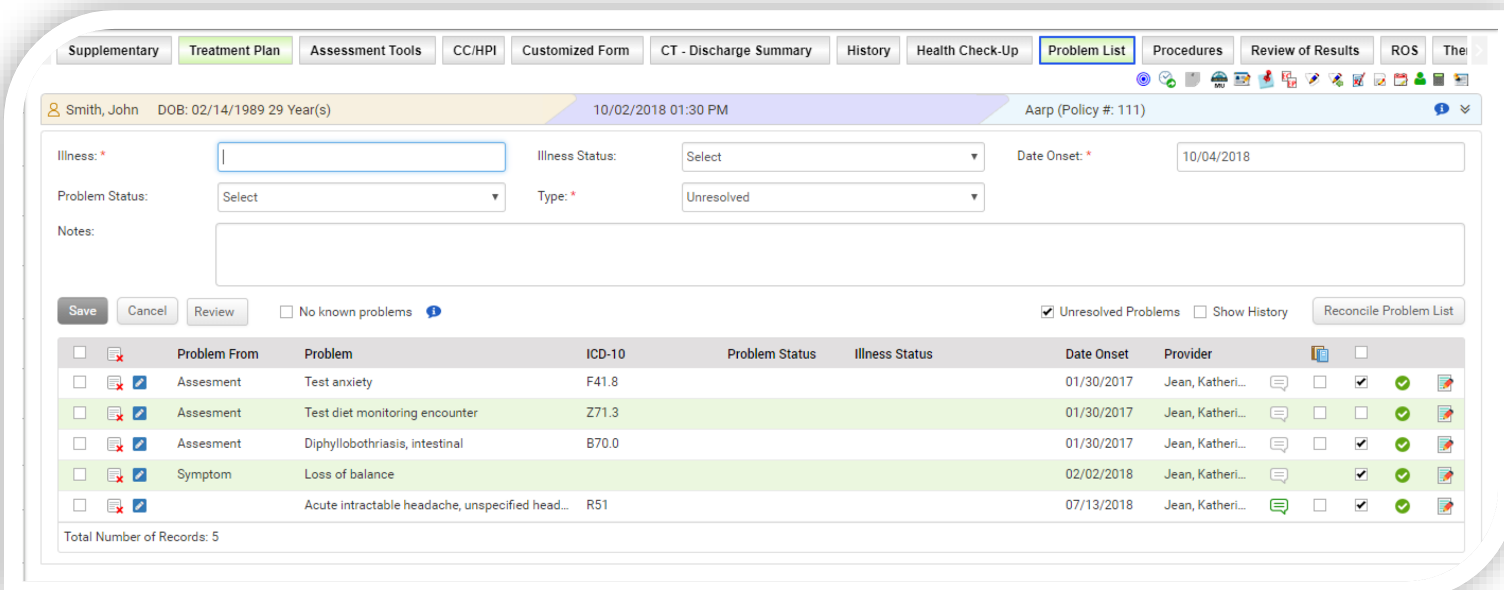
Back

This section includes the EMR features released in this version.

REDESIGNED DIAGNOSIS AND PROBLEM LIST PAGES

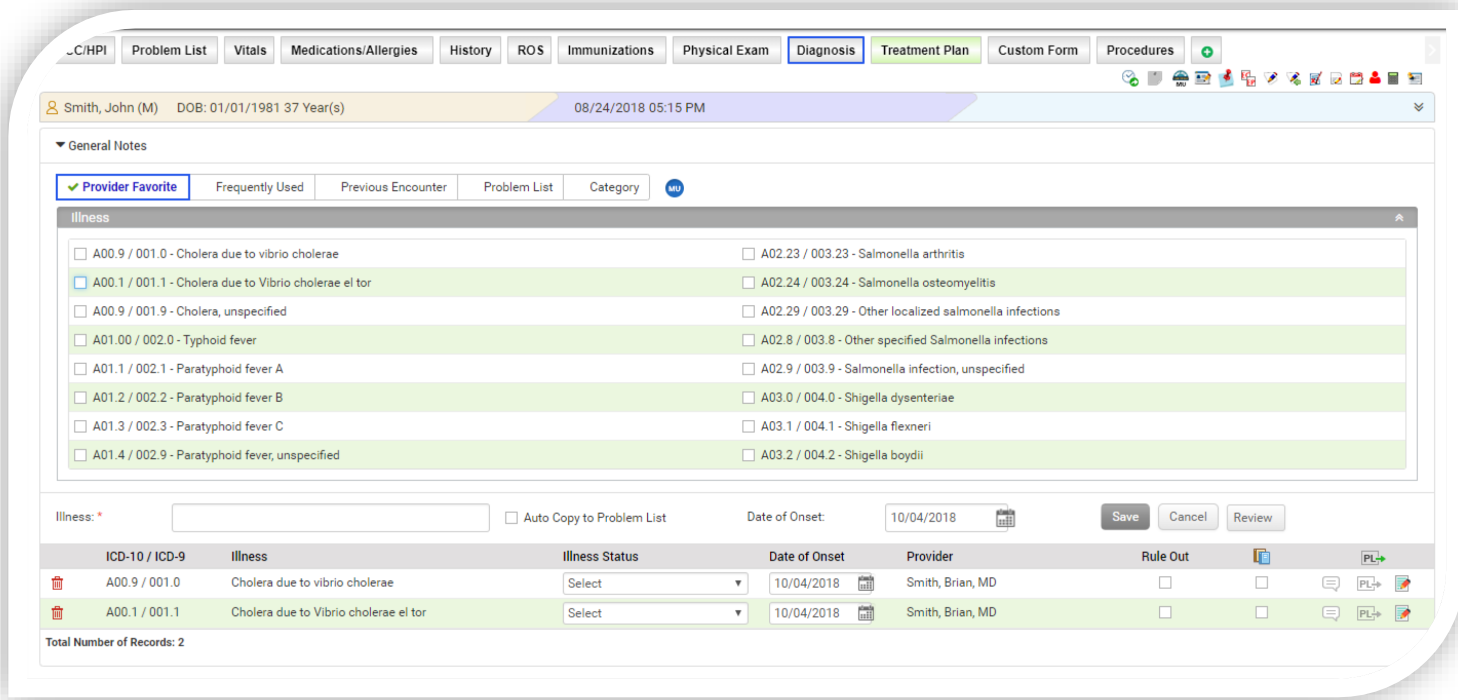
Back

The Problem List is now fully redesigned. Below is a snapshot of the new user interface for the Problem List.



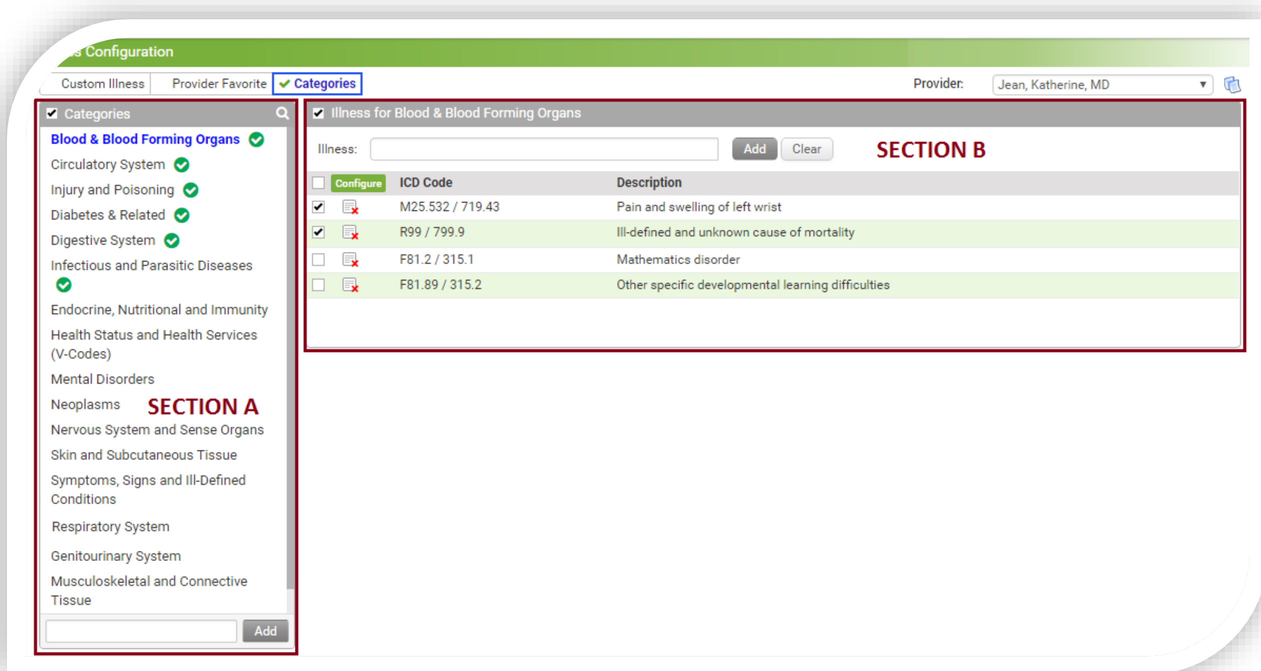
The Diagnosis page is now fully redesigned. Below is a snapshot of the new user interface for the Diagnosis page.

Instead of panels, you can find the tabs to access Dx codes from different sections.



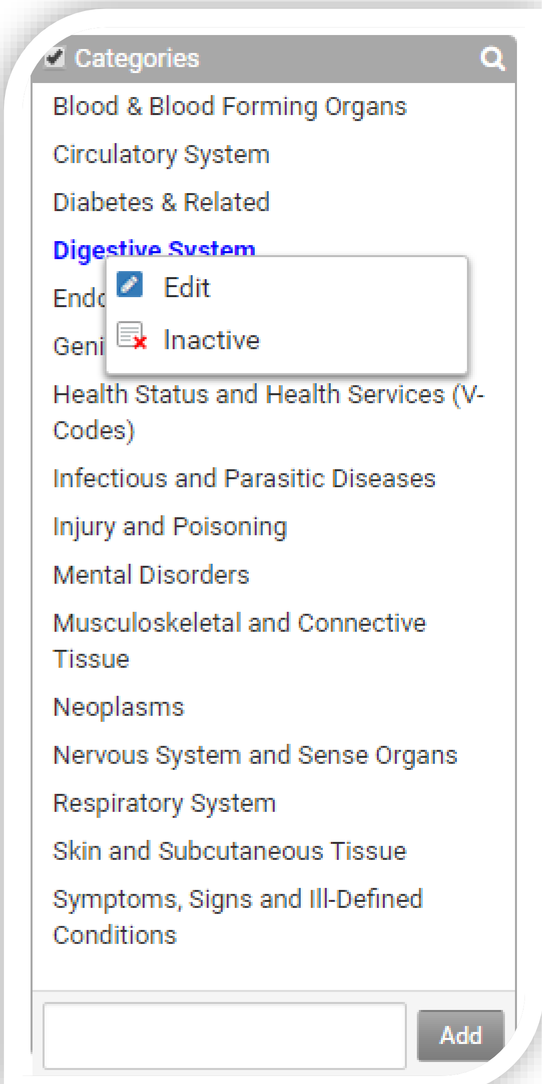
Illness Configuration (Categories)

The Categories tab is mainly divided into 2 sections. Refer to the following screenshot:



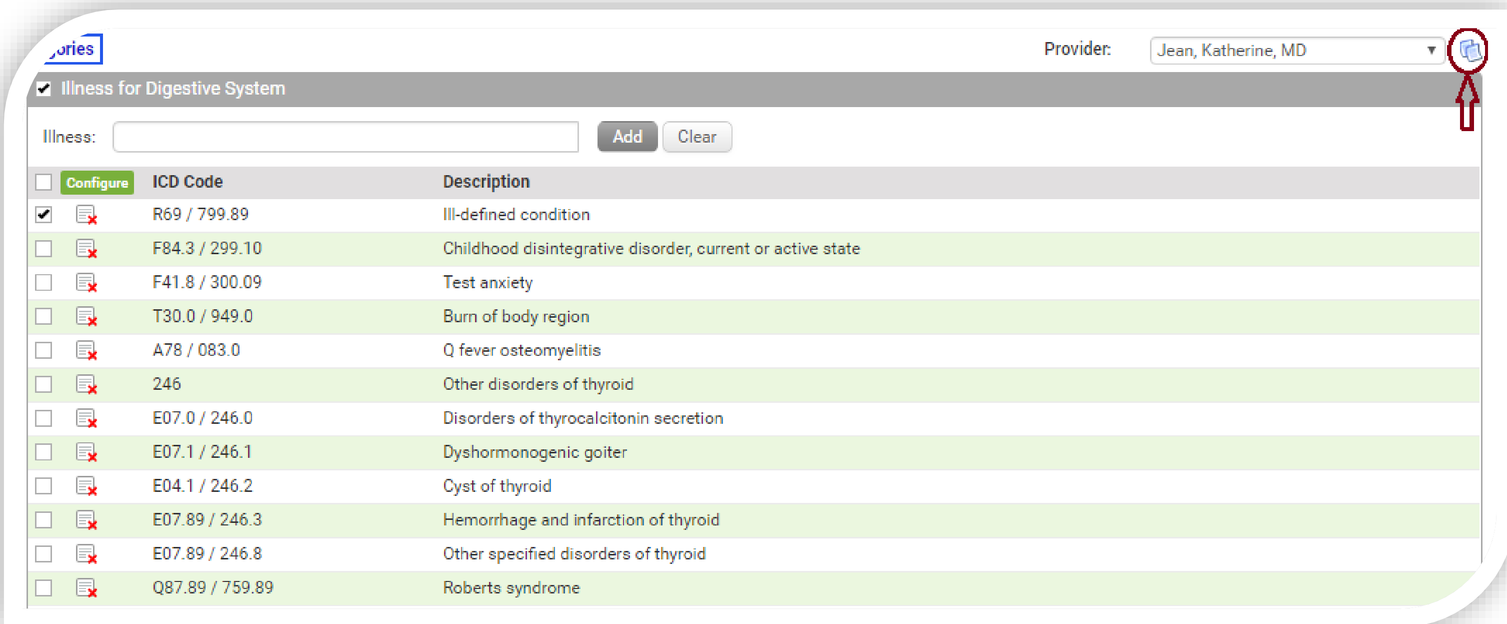
Section A: Category configuration
Section B: Illness configuration

Section A: Category configuration



- To add a new category, type in the box at the bottom and click Add.
- To update or inactivate any category, right-click the category.
- To search for any category from the long list, click the magnifier icon from the top right corner.

Section B: Illness configuration



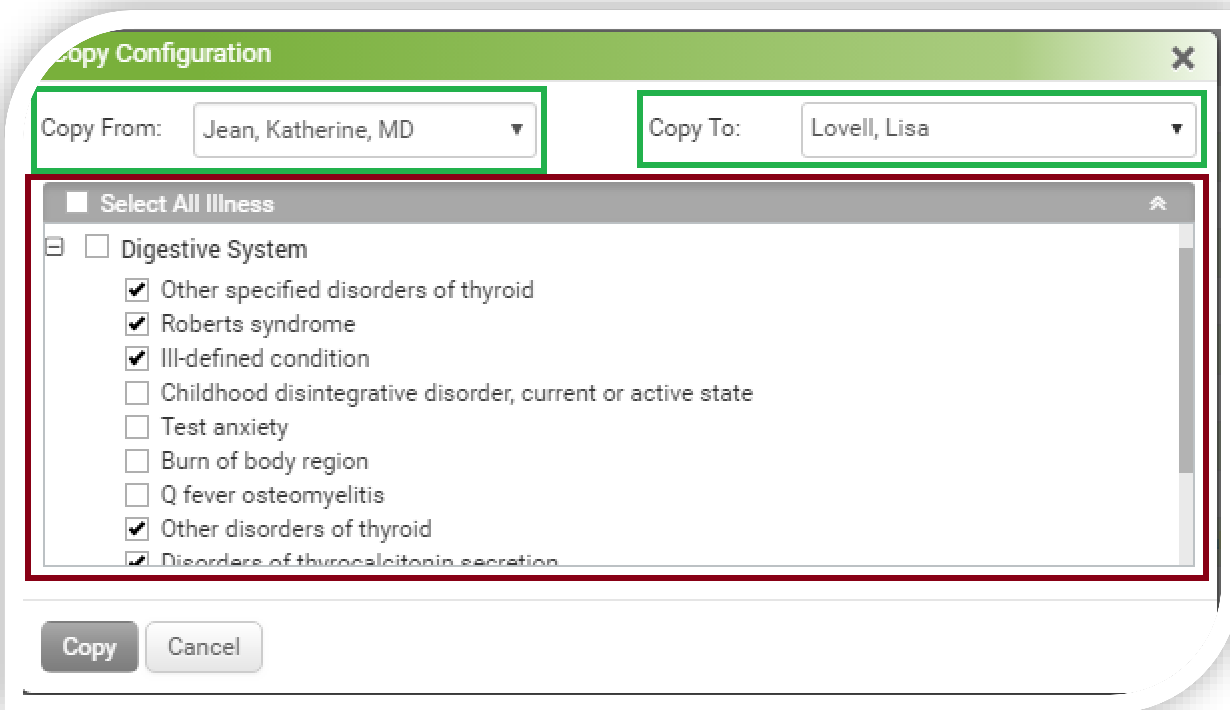
- To add a new illness, type in the box, select the required illness from the list and click Add.
- To inactivate the illness, click the Inactivate icon .
- To configure the illness for the selected Provider, select the illnesses from the list and click the Configure button in green Configure.

Copy Configuration from Another Provider

If you already have configured illnesses for one provider and you want to use the same configuration for another provider, you can do that with the help of this feature. Click the Copy icon as shown in above screen.

Select provider from which you want to copy the configuration in the “Copy From” field. Select provider for which the configuration is to be copied in the “Copy To” field.

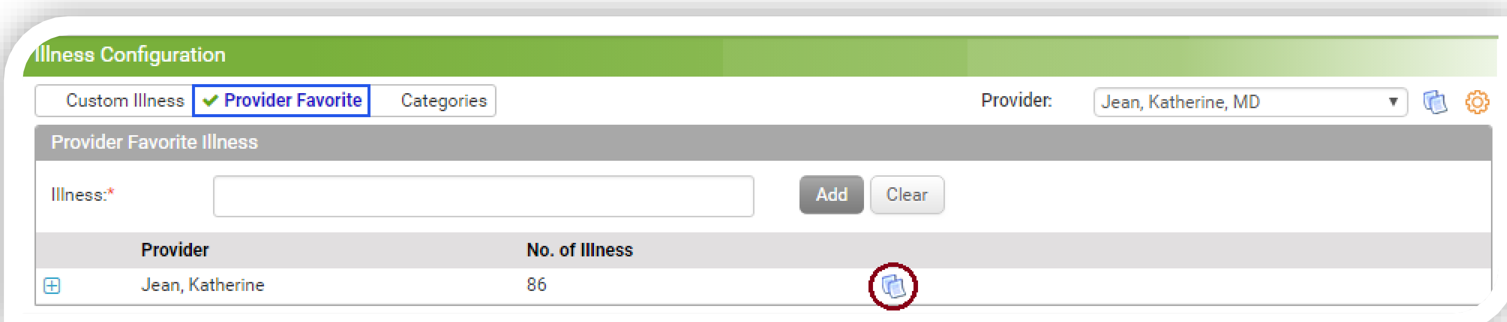
Select All Illness: Allows you to select specific illnesses from the list you want to copy.



Illness Configuration (Provider Favorite)

You can now configure Provider specific Favorite Illness list from the Provider Favorite tab.

Select the provider for whom you want to configure favorite list from the Provider drop-down. Now, type the illness name in the Illness field and click Add to add that illness into the selected provider's favorite list.

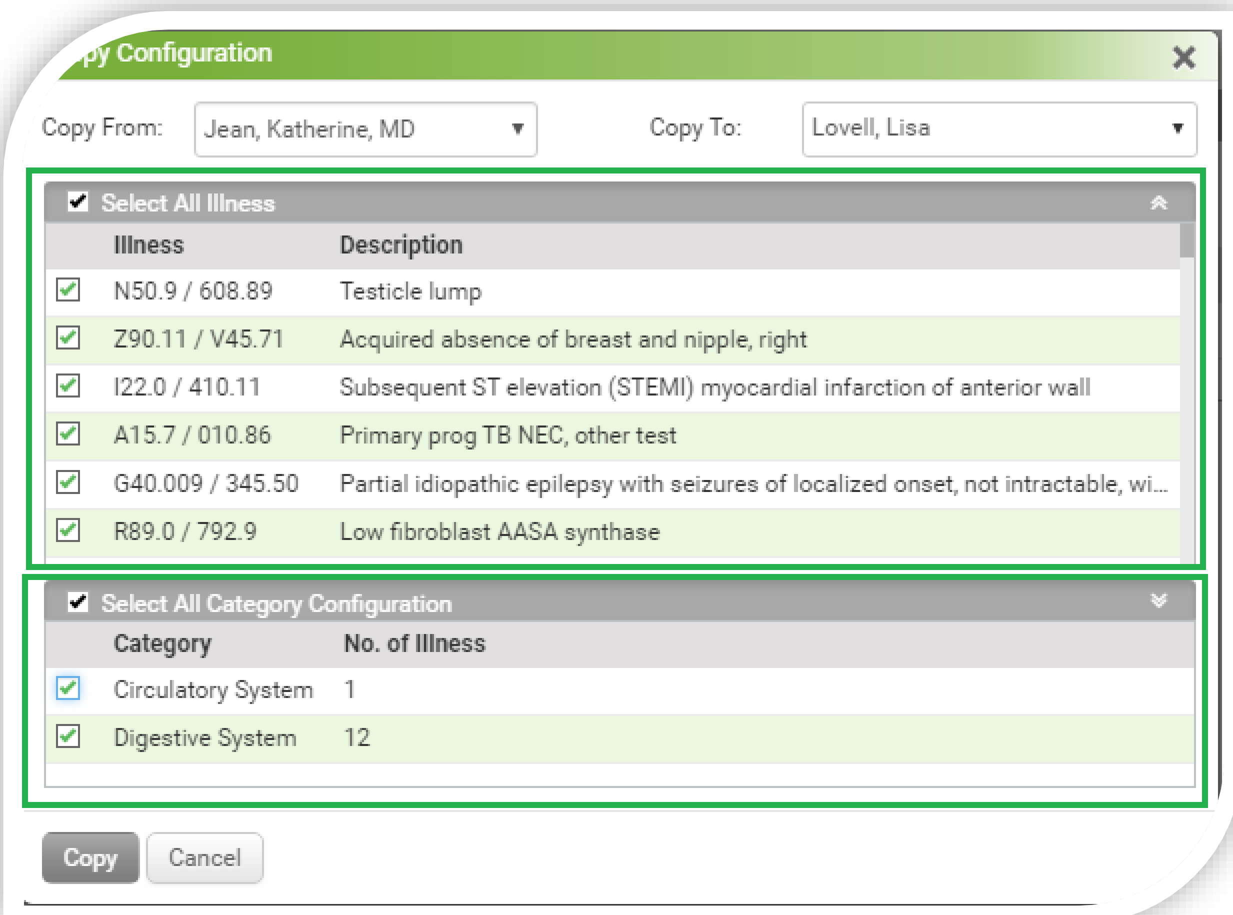


Copy Configuration from Another Provider

If you already have configured illnesses for one provider and you want to use the same configuration for another provider, you can do that with the help of this feature. Click the Copy icon as shown in the screen below.

Select provider from which you want to copy the configuration in the “Copy From” field. Select provider for which the configuration is to be copied in the “Copy To” field.

Select All Illness: Allows you to select specific illnesses from the list you want to copy.
Select All Category Configuration: Allows you to select specific categories from the list you want to copy.



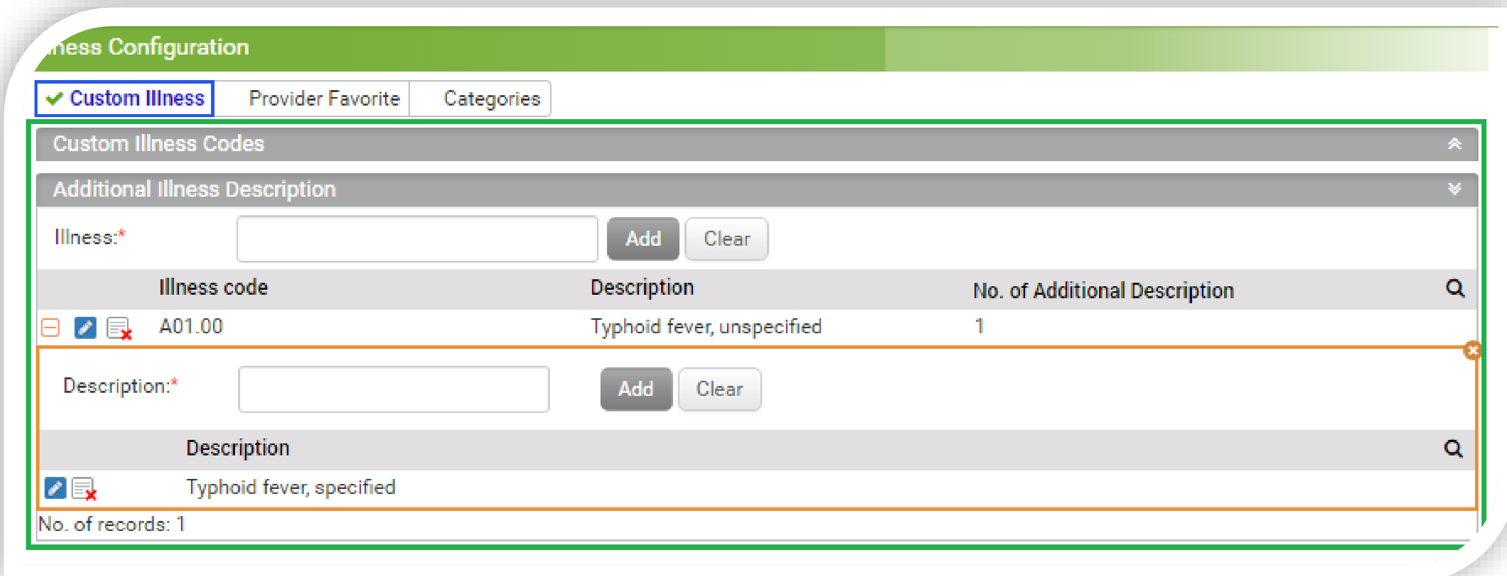
Go to TOP

ILLNESS CONFIGURATION (CUSTOM ILLNESS)

You can now configure custom illnesses according to your requirement from the Custom Illness tab.

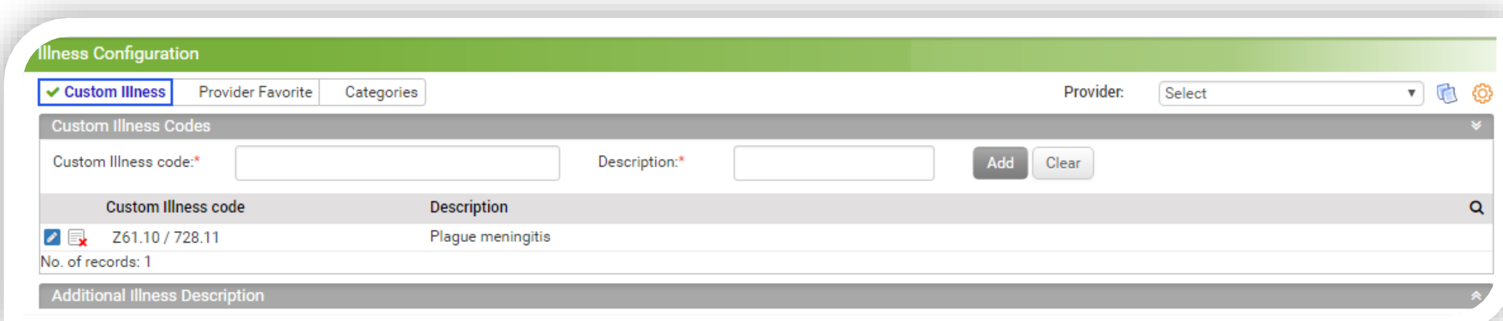
Additional Illness Description

This section facilitates you to add additional descriptions for the same illness code. Refer to the following screenshot:



Custom Illness Codes

This section facilitates you to add custom illness codes according to your requirement.

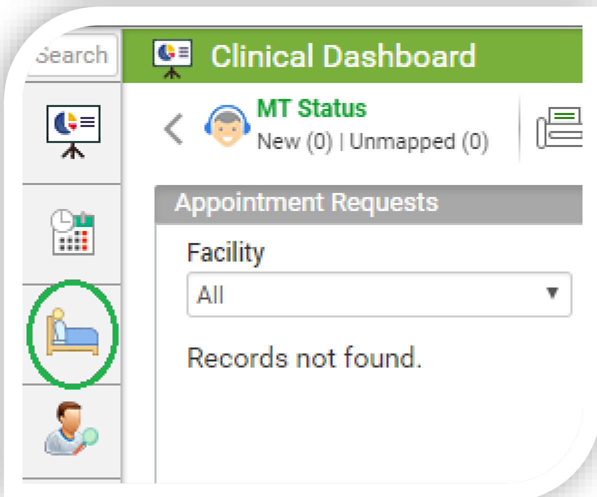


Bed Management Module

Back

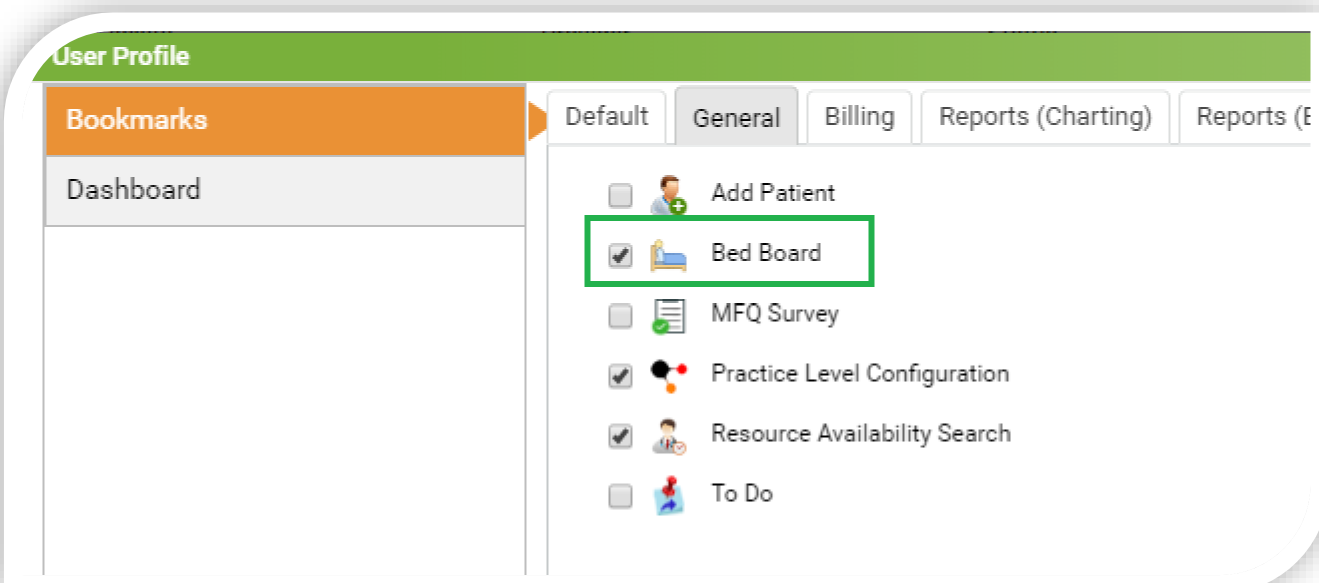
The Bed Management module allows practices to configure rooms and beds for inpatient treatment. The ability to document encounter notes is also available in the Bed Management module.

Work with Bed Board



The Bed Board icon can be accessed from the bookmarks in your left pane.

To have this icon appear in your bookmarks, you must configure it from the User Profile. *(To access the User Profile screen, from the Dashboard, click the orange wheel icon at the bottom left corner.)*

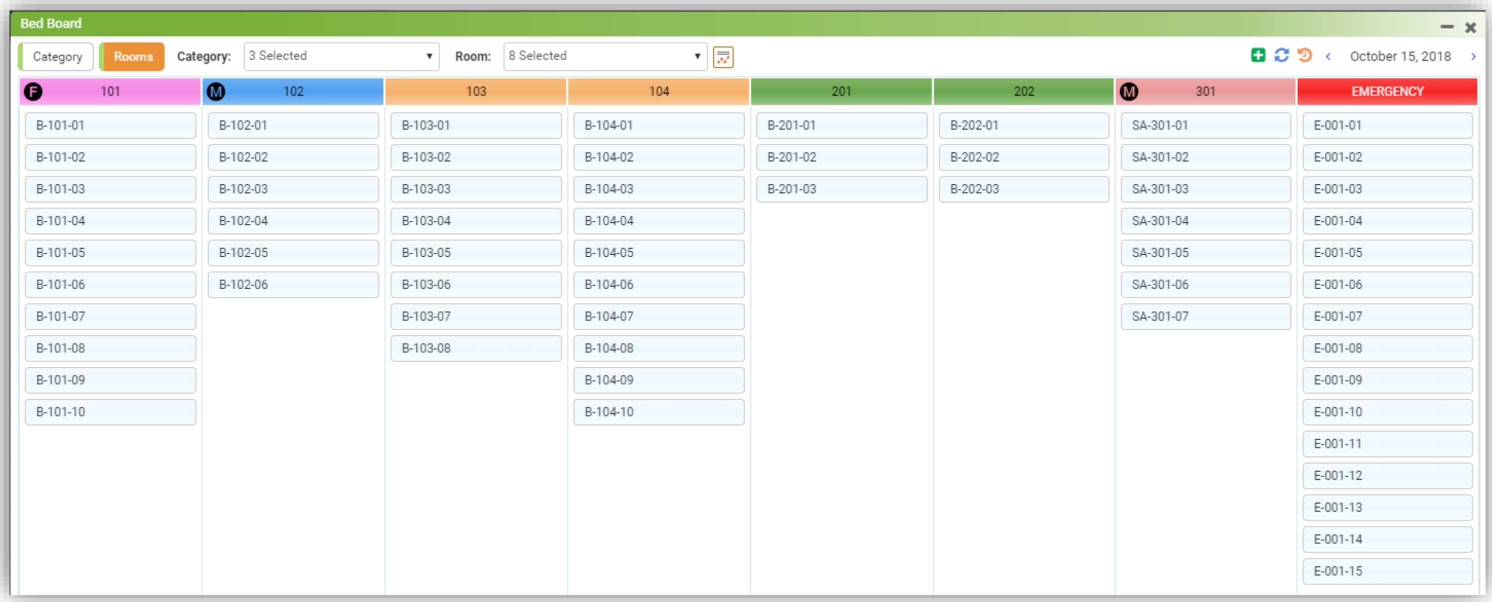


BED BOARD

When you click the Bed Board icon from your bookmarks, the following screen will appear showing Room details.

The CATEGORY tab will display all the categories you have configured in the Bed Board module. Categorizing your rooms by specialty is one of the examples of what to use categories for, you can configure various categories that will have different types of rooms. Rooms then can have different types of beds.

You must first configure the category and room details along with the colors you want to see for each category and room to display it in the following screen. Configuration section is explained later in this document.



Category drop-down: Choose one or more categories from the drop-down list that you want to see on the screen.

Room drop-down: Choose one or more rooms from the drop-down list that you want to see on the screen.

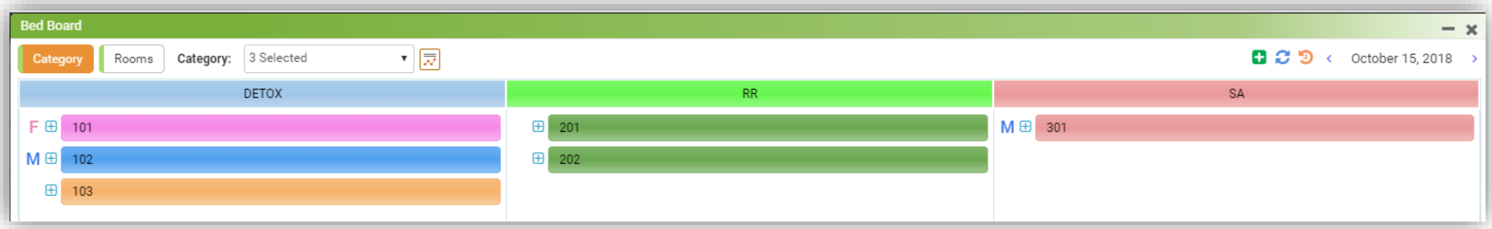
Click the icon from top right corner to book a bed for the patient.

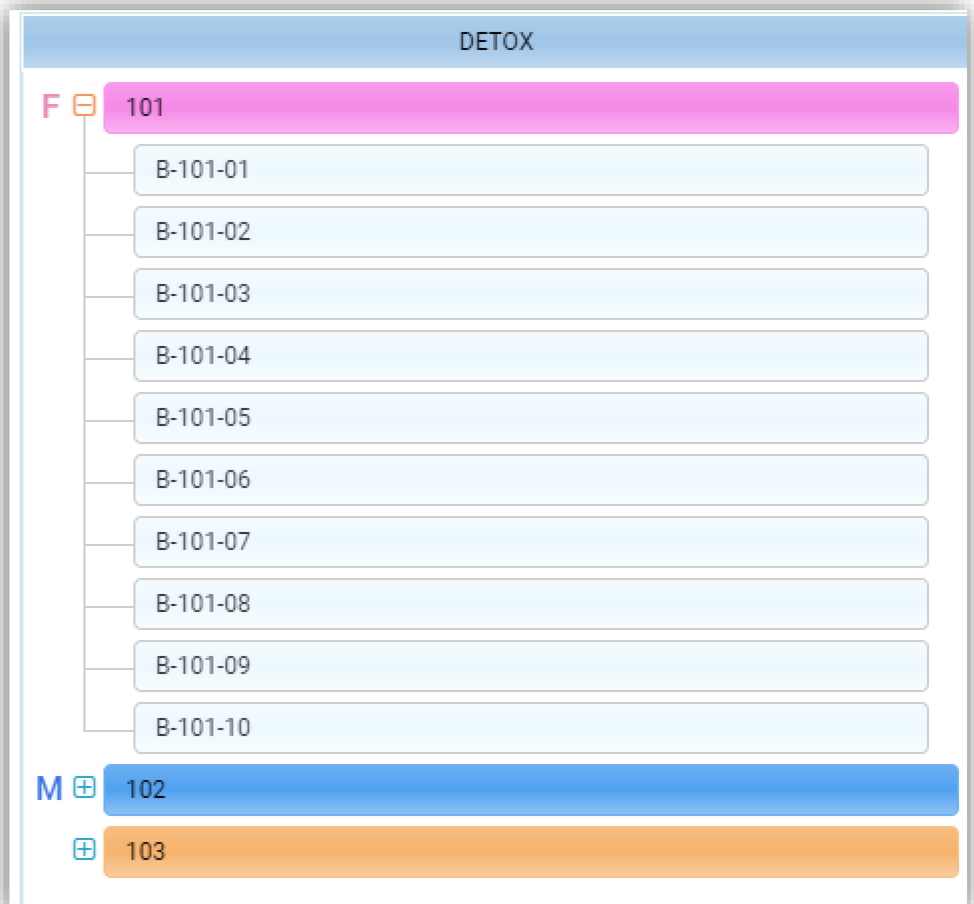
Click the Refresh icon to view the most updated details on the screen.

Click the icon to view the current day's bookings.

Change the date from the top right corner and you will see the details of that specific day.

Category tab

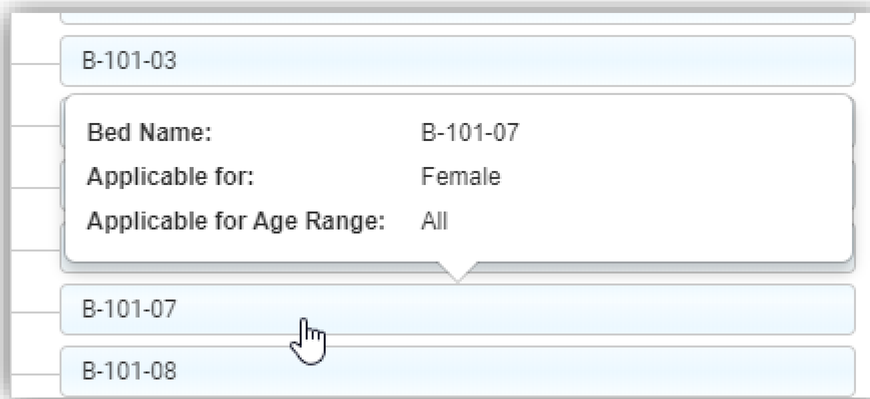




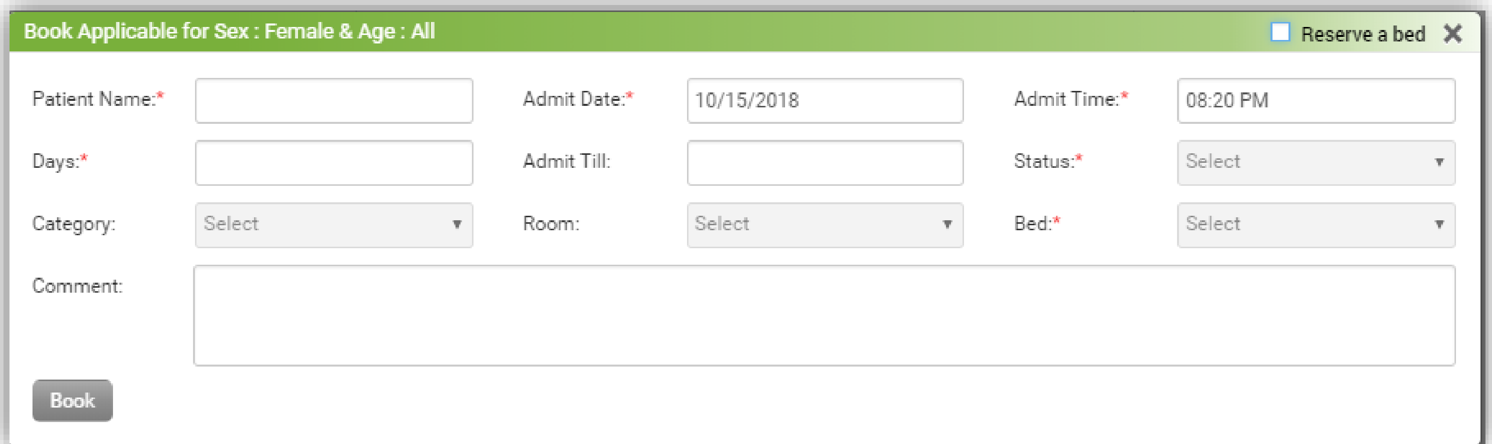
Category will show all the room details along with for whom they are configured, male or female.

Expand the Room details by clicking the plus icon. This will show the beds configured in each room. You can then click the Bed button to book a bed for a patient.

When you hover your mouse pointer over the bed number, you will see the bed details such as whom it is applicable for?

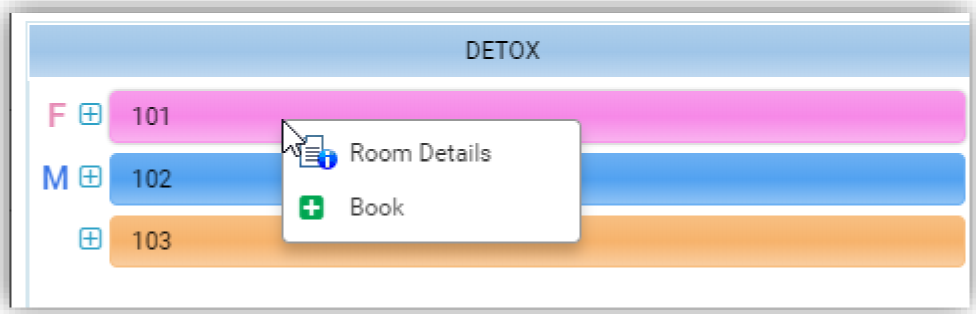


Clicking the bed number will open the following screen that will allow you to book a bed for a patient. Fields with red asterisks are required.



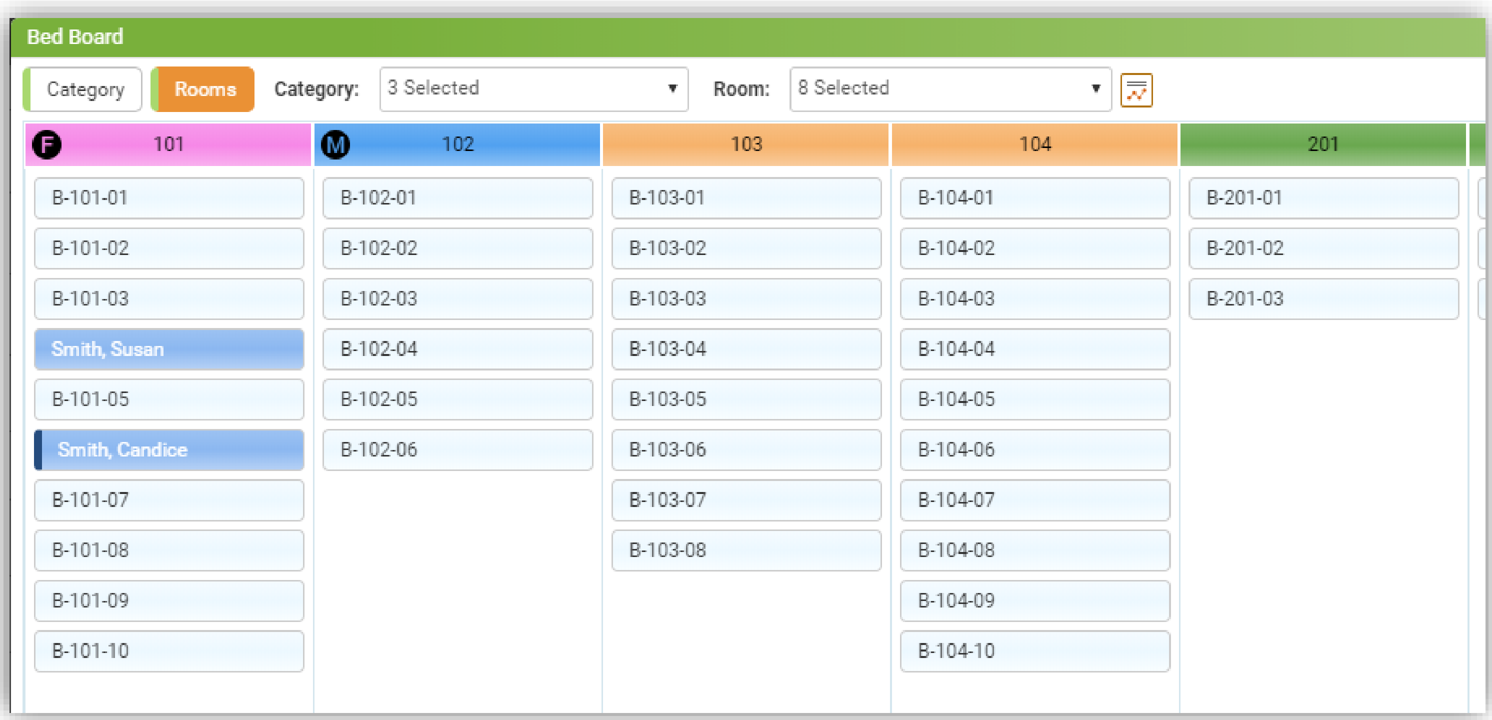
Reserve a bed: Select this check box to reserve this bed so that other user cannot book a bed for any other patient.

When you hover mouse over the Room number, you will see the Room Details link. Clicking the Room Details link will show following details:



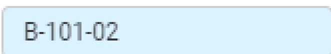
- How many beds the room has
- How many of them are vacant
- Book button to book the vacant beds
- Patient and Encounter details for booked beds along with checked in and expected check out dates

Rooms: This tab will display all the rooms you have configured in the Bed Board module. As explained in the Category section above, you can click the Bed number to book a bed for a patient. Once you book the bed for a patient, the patient name will appear in the box.



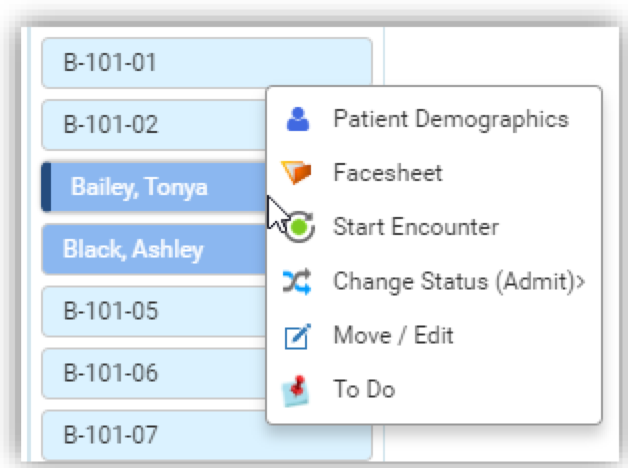
Blue color with the strip on the far left indicates that the patient is already admitted, and this bed is occupied.

Blue color without strip indicates that the patient has a pending appointment for this bed.



Light blue color indicates that the bed is vacant, and you can book the bed for any patient.

When you reserve any bed, it will appear with the RESERVED tag as shown above.
When you click on the booked bed, you will find more options such as:

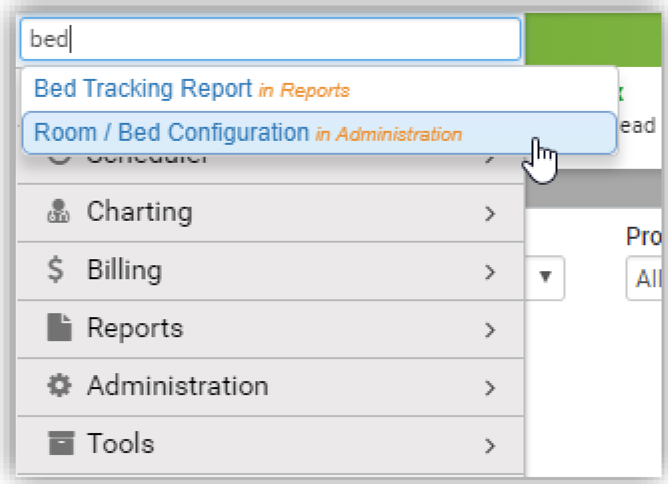


- Patient Demographics
- Facesheet
- Start encounter
- Change status to check out
- Move patient to another bed
- Access To Dos

ROOM / BED CONFIGURATION

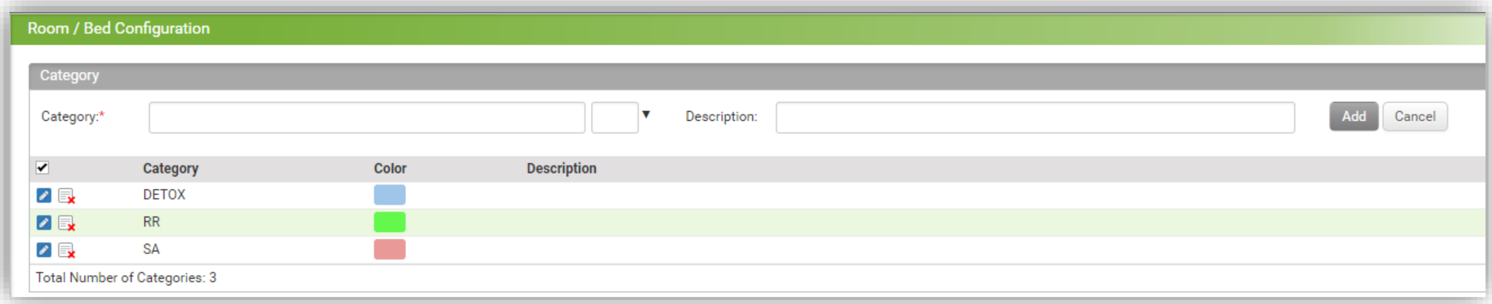
To work with the Bed Board module, you must first configure the category and room details.

Type in 'bed' in the top left smart search box, and then select the 'Room / Bed Configuration' option as shown in the adjacent screen.



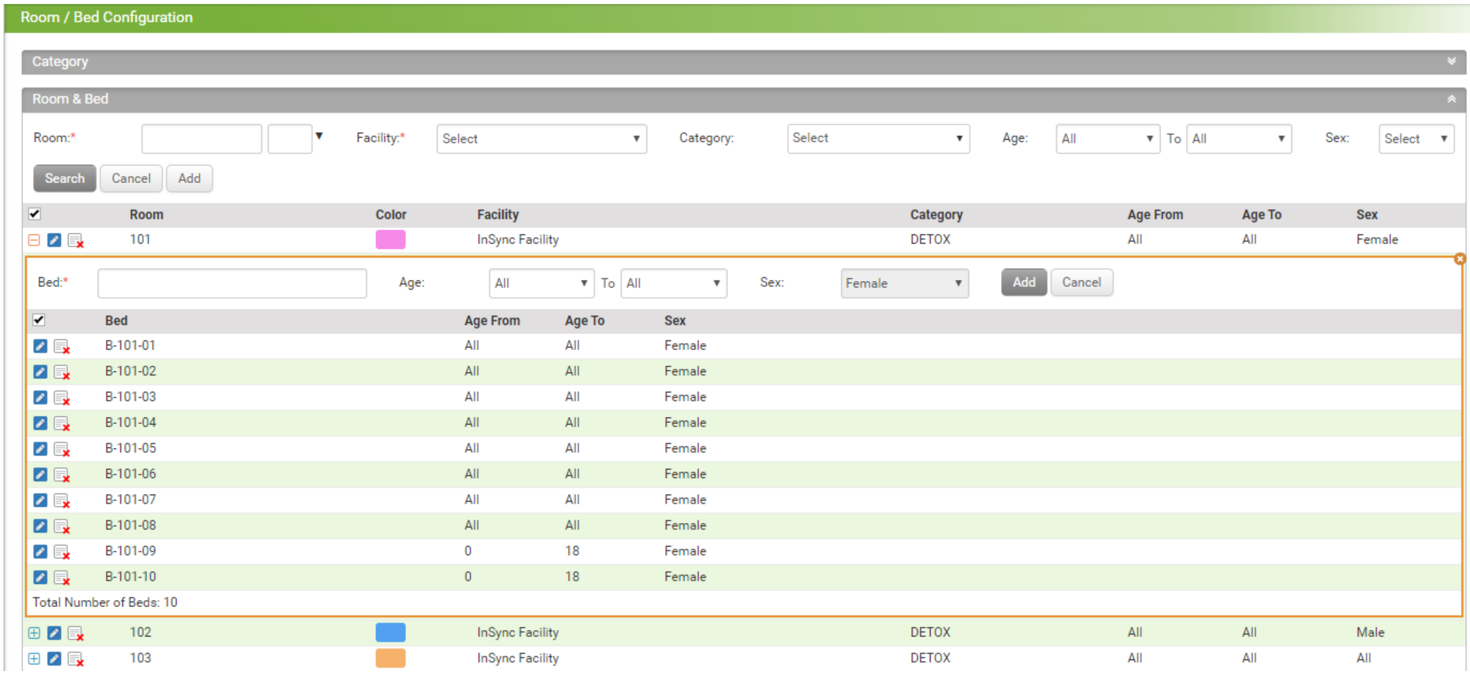
On the Room / Bed Configuration screen, you will see 2 panels: Category and Room & Bed.

Expand the Category panel, add the category details you want and assign a color for each category. Accordingly, it will appear in the Bed Board module.



Expand the 'Room & Bed' panel to configure room and bed details.

Look at the below screen. You can first configure the rooms for specific facility, category, sex, and age. Also, you can define a color for each room, to display it accordingly in the Bed Board module.

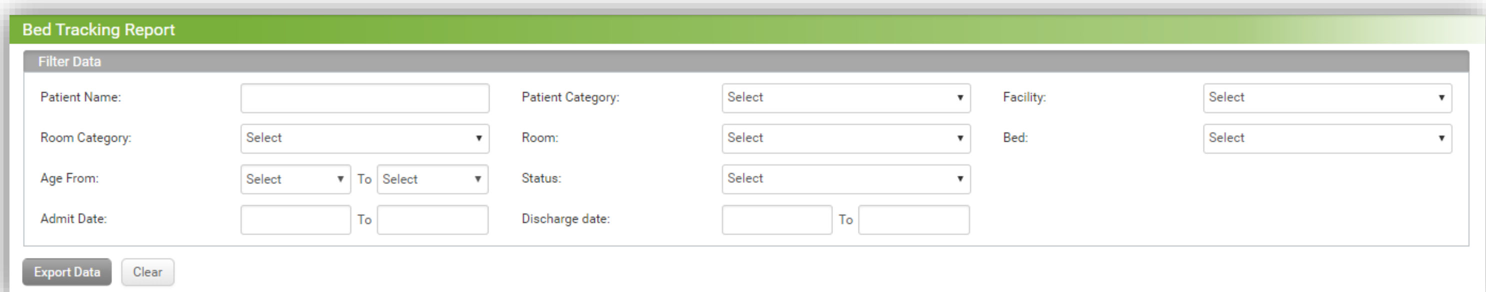


Within the rooms, you can add bed details for specific age and sex.

Once you configure the necessary categories, rooms, and beds successfully, you can work with the Bed Board module.

Bed Tracking Report

The Bed Tracking Report can be accessed from the Reports tab in the left pane. Alternatively, you can also generate the report from the Bed Board module by clicking the icon.



Select the appropriate details on the report and then click the Export Data button. The details will be sent to the excel.

NEW FLOWSHEET MODULE

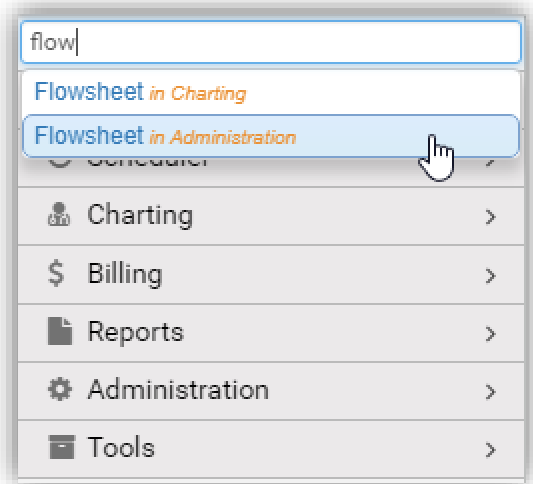
Back

InSync now includes a new Flowsheet module within the encounter to capture different data sets over a period of time/encounters. A good example of using a Flowsheet would be for tracking exercises in Physical Therapy over multiple visit dates.

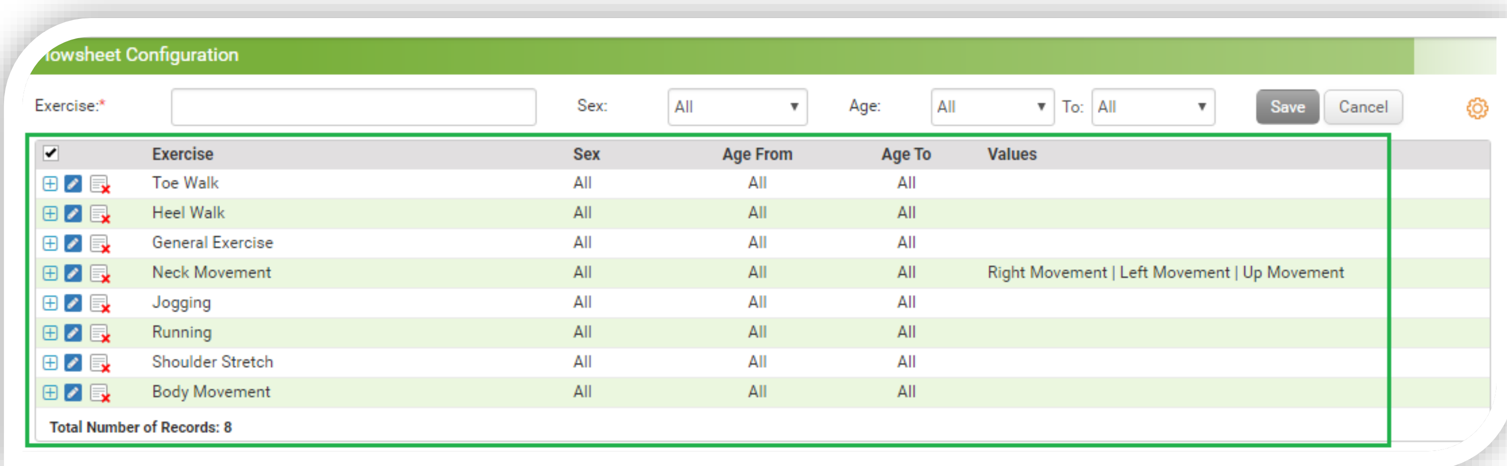
FLOWSHEET CONFIGURATION

To use the Flowsheet module, you must first configure the required data points or exercises.

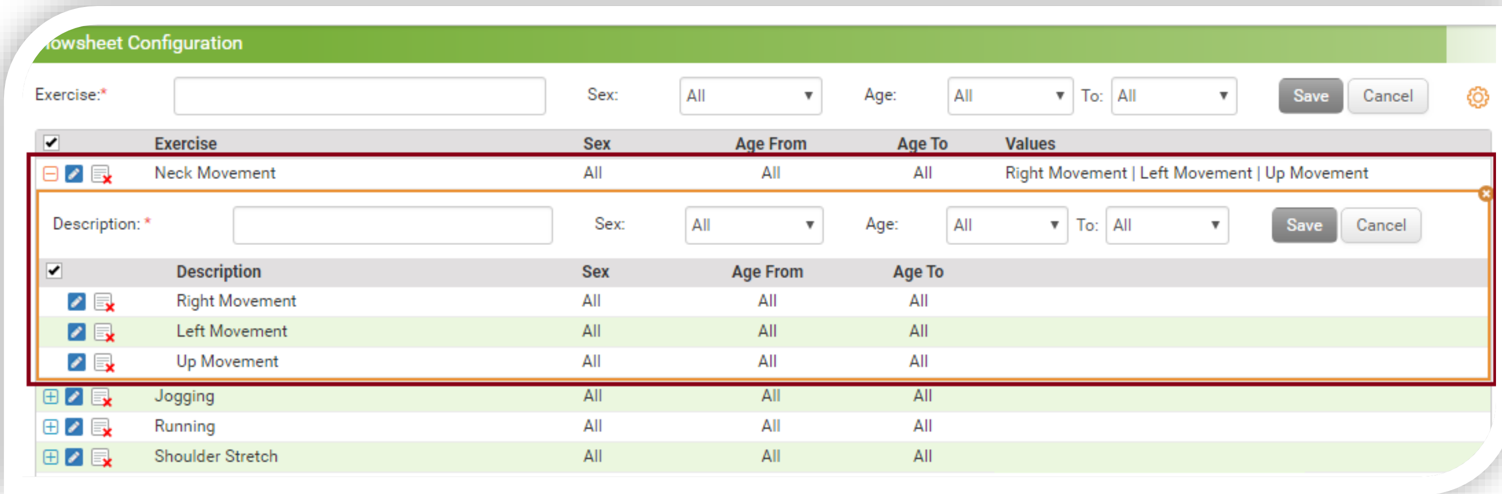
Type in 'flow' in the top left smart search box, and then select the 'Flowsheet' option as shown in the adjacent screen.



In the Flowsheet Configuration, you can add various exercises by adding details such as, Exercise name, Sex, and Age. Once you add the exercises, they will appear as shown below.

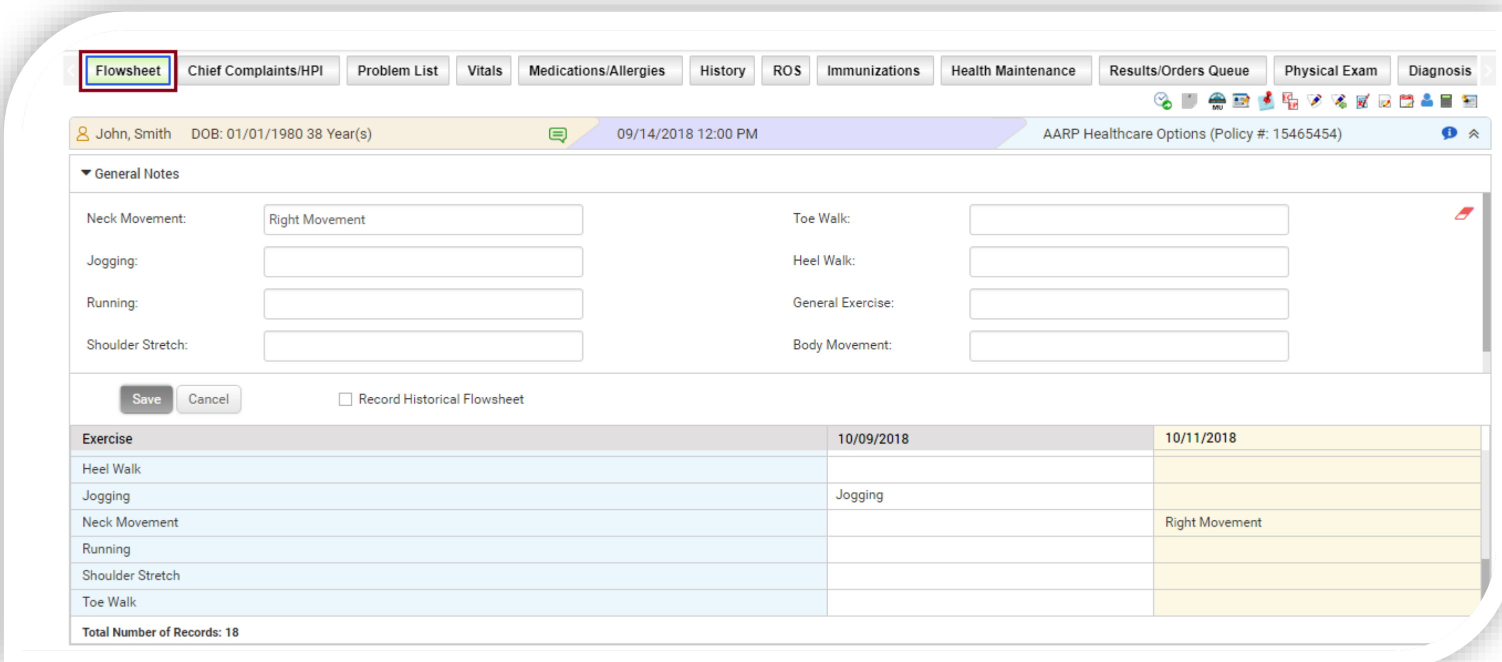


- To expand the exercise details, click the ⊞ icon. After expanding the exercise, you can add one or more descriptions for each exercise as per your requirement.
- To change the exercise details, click the Edit icon .
- To inactivate the exercise details, click the Inactivate icon . Refer to the following screenshot.



Flowsheet in Charting

The Flowsheet module in charting will appear as shown in the following screenshot:



Speech Therapy: Ability to Document Speech Symbols

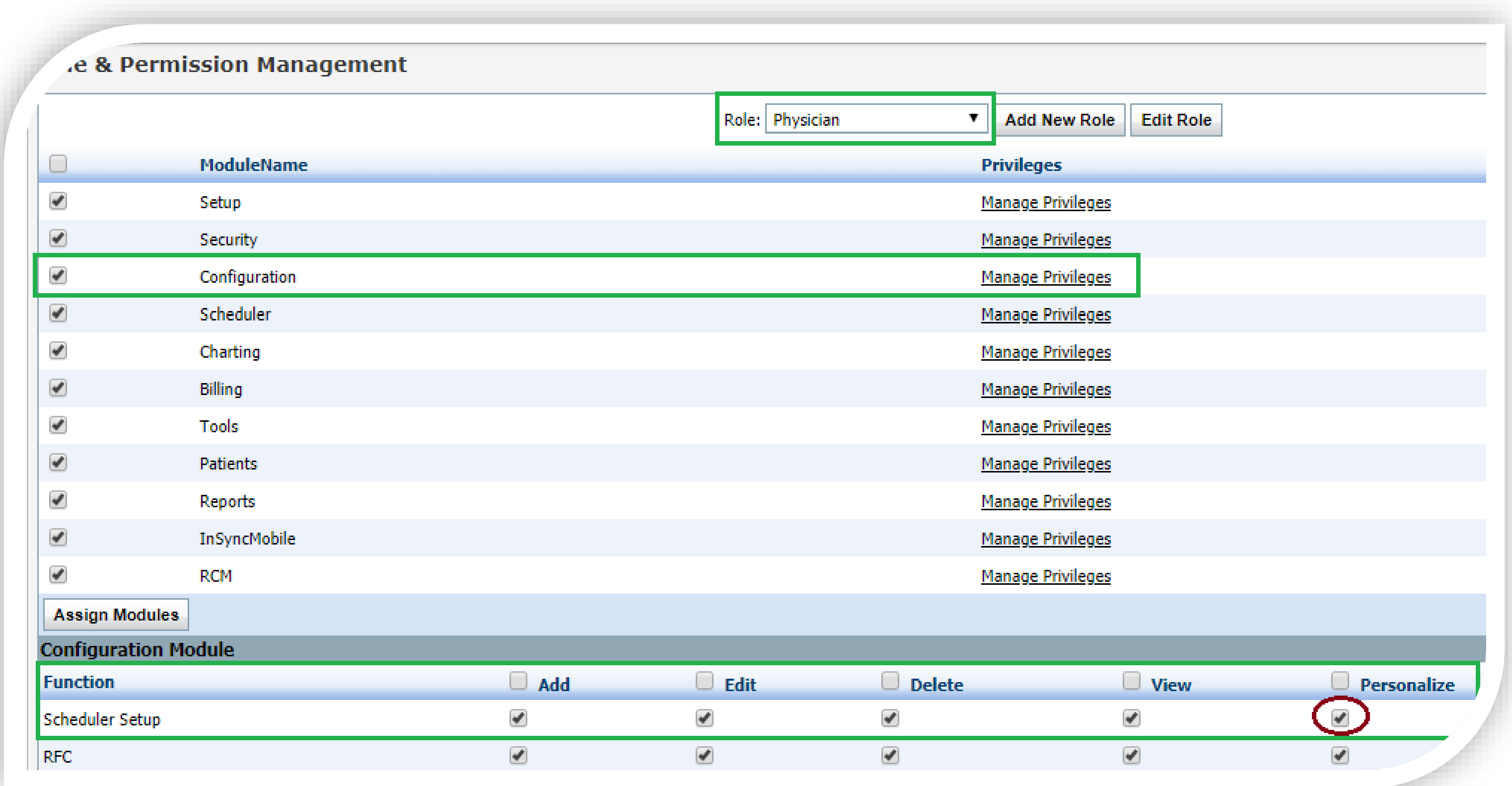
[Back]

InSync now allows the documentation of speech (phonetic) symbols into Encounter Notes. A user can now copy and paste these symbols into the General Notes of the encounter without a problem. The symbols can also be configured as checkbox selections in locations such as the Exam part of the encounter.

Configure Scheduler Based on Role

Before only the practice admin user login had access to configure schedulers for all the resources. Now, if you want any other users of the practice to have the same permission, you can select the Personalize option for that specific role for Scheduler Setup function. Refer to the following screen:

To assign permissions, expand left pane, go to Administration > Roles & Permissions. Select the role from top and then select the Personalize option for the Scheduler Setup function.



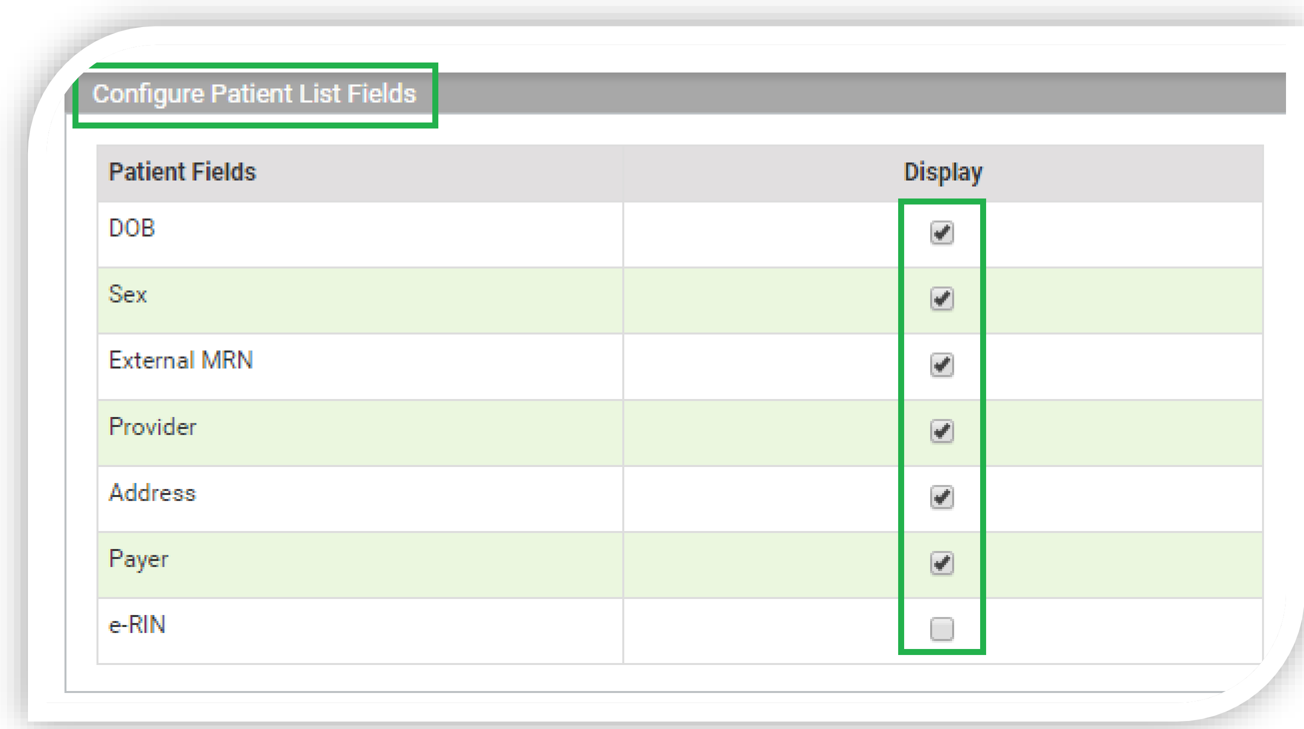
PATIENT SEARCH: ABILITY TO CONFIGURE CERTAIN FIELDS

On the Patient Search screen grid, you are now able to hide certain fields from being visible.

These are the fields:
DOB | Sex | External MRN | Provider | Address | Payer | e-RIN

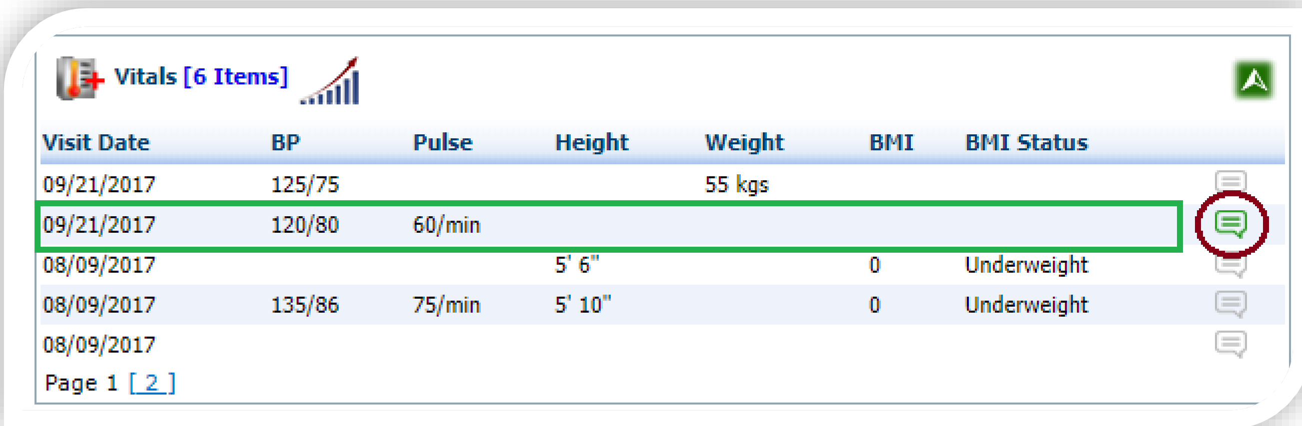
To hide these fields, remove the checkboxes next to them as shown in following screenshot. In this example, e-RIN will not appear on the Patient Search grid.

To hide these details, expand left panel, select Administration > General > Patient Demographics > Configure Patient List Fields section. You can then clear the check box for the field that you don't want to appear on the Patient Search screen.

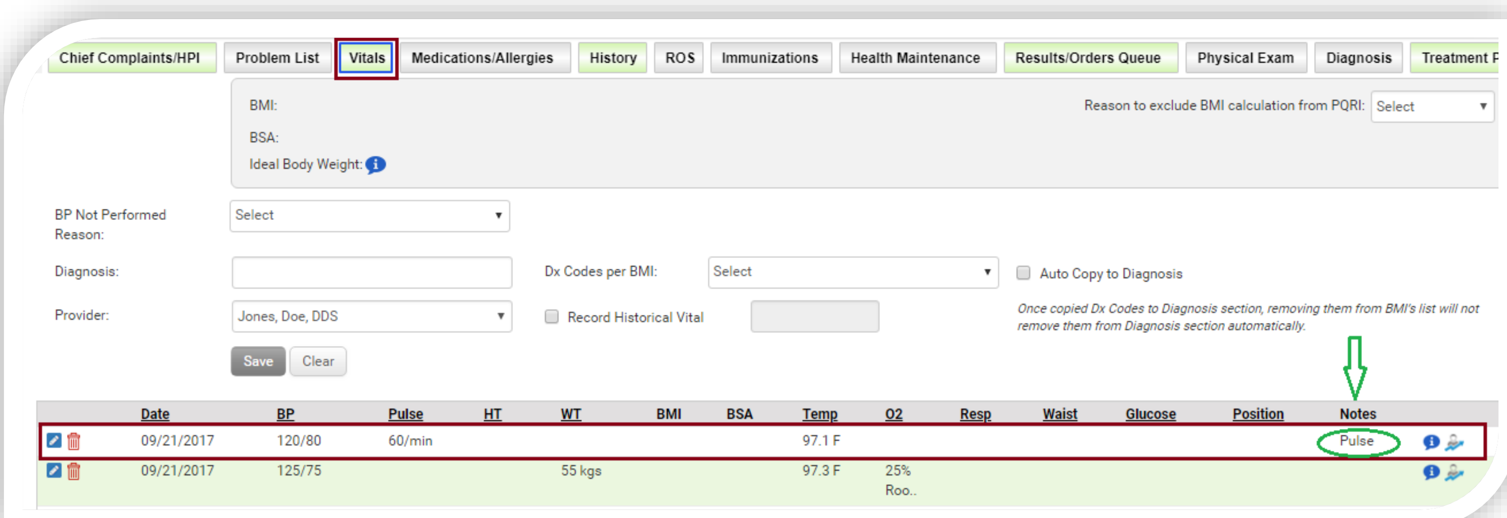


VITALS: ABILITY TO ADD NOTES VIA FACESHEET

When you access Vitals from the Facesheet, you will now notice a new 'Notes' icon on the far right. You can now add notes by clicking this gray icon. The icon will turn to green once the note is added. Refer to the following screenshot:



When within the encounter, the Notes can also be seen as shown below:



Ability to Collect Copays and Generate Superbills for All Appointment Statuses

Before, the Superbill icon was displayed only for checked-in appointments. Now, a Superbill icon is visible for all appointment statuses. A good example of using this going forward would be practices who like to create superbills for NO SHOW appointments.

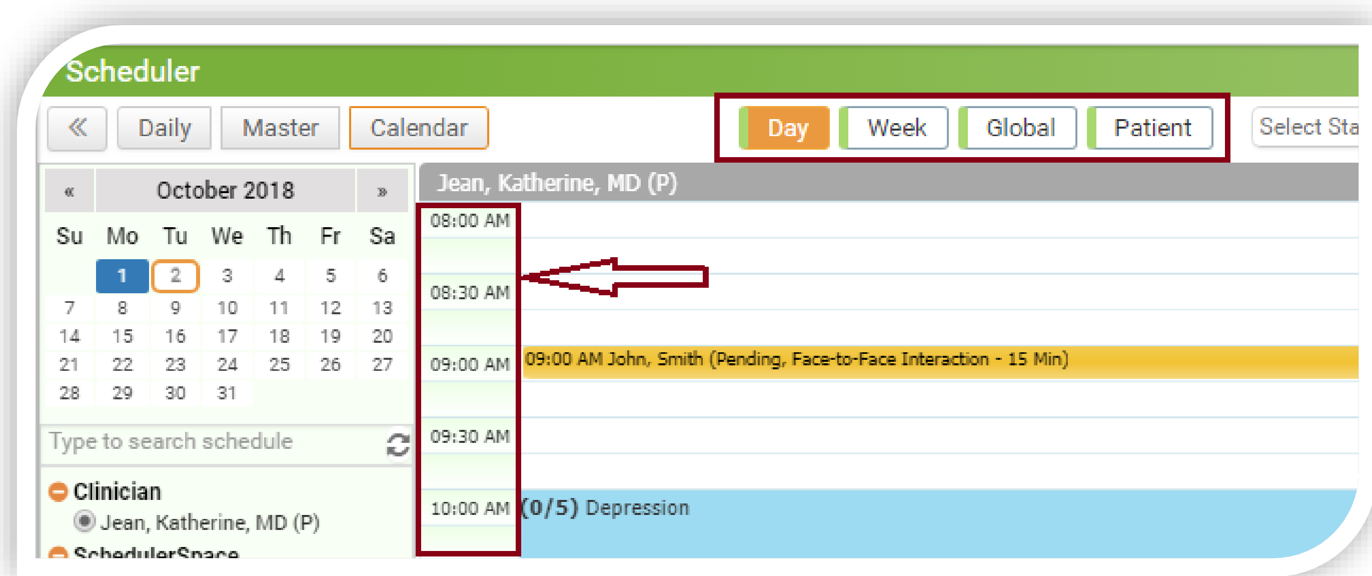
The Superbill icon will appear for all Appointment Statuses except for Cancelled ones. Similarly, copay option will be available for all Appointment Statuses except Cancelled ones.

Appointment Reminders: Ability to use Provider's Other Name Field

When sending Appointment Reminders, InSync can now use the field OTHER NAME from within the Provider's details in Resource Management. The tag for OTHER NAME has to be added into your appointment reminder script.

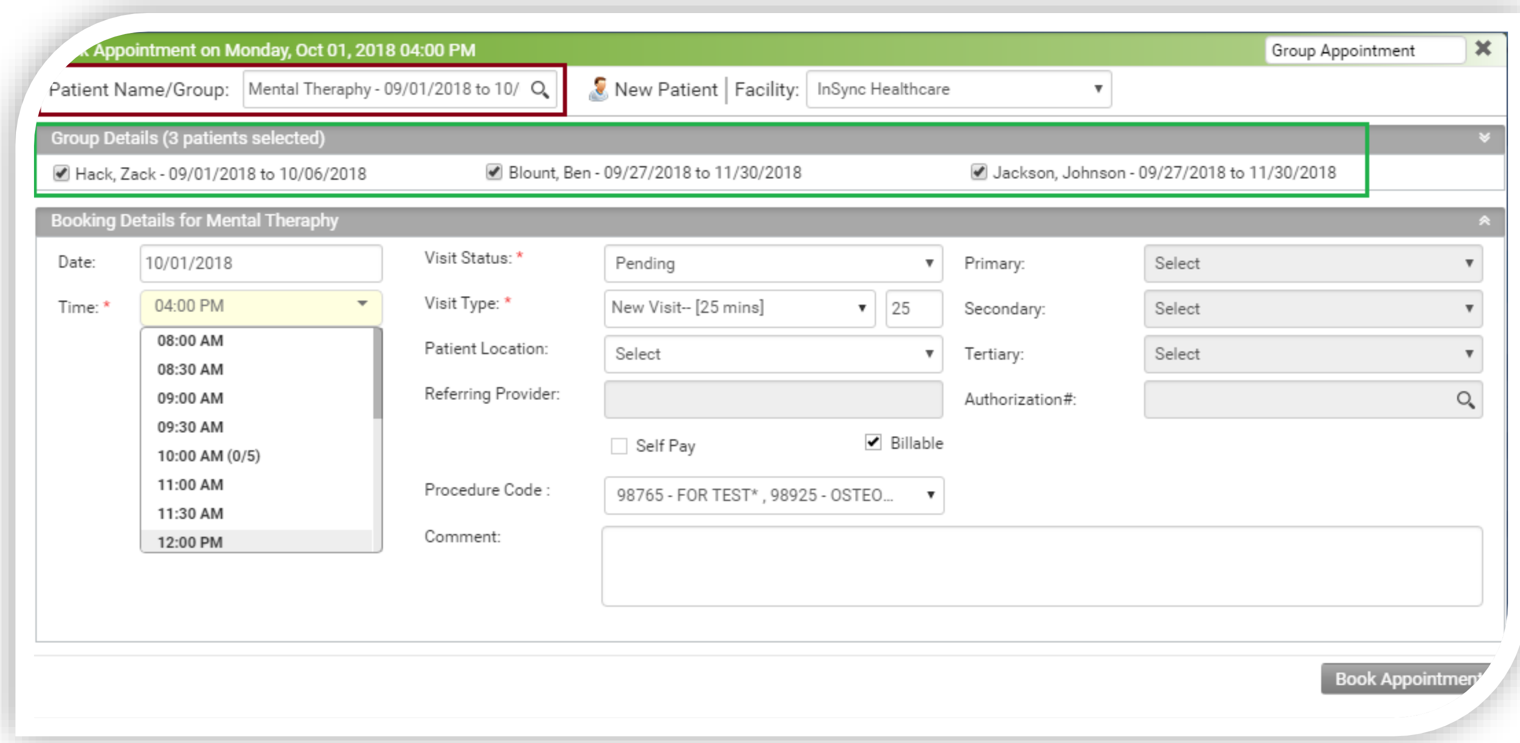
Scheduler: Addition of AM/PM to Each Time Slot

The addition of AM/PM to all time slots are introduced to assist practices who are open 24 hours a day with easily identifying which part of the day the time slot belongs to.



Group Appointments: Enhanced Booking Option

When booking a group appointment on the fly you are now able to book a preconfigured group.

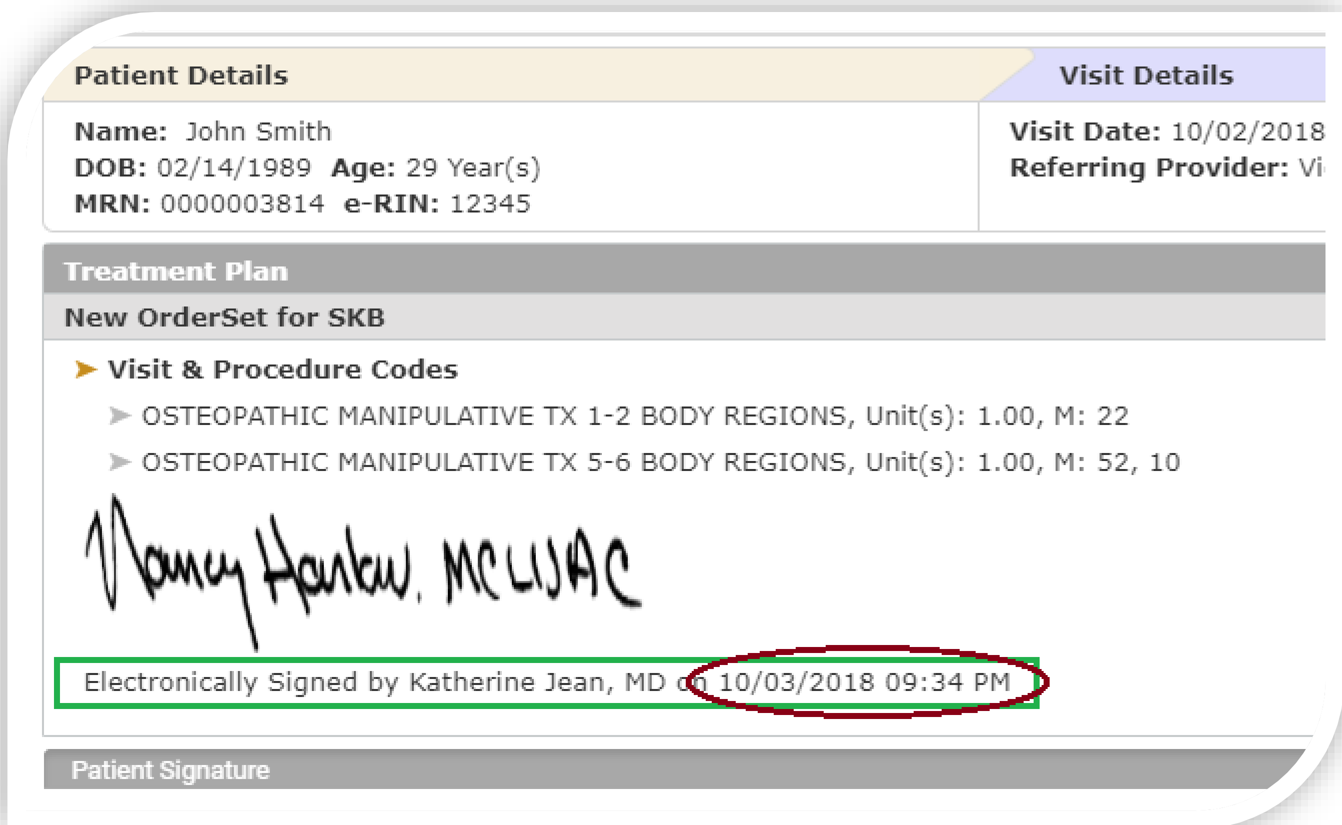


Type in a group name in the box and a list of groups will appear. Select a group for which you want to book an appointment. Locate all the patients of that group listed in the Group Details panel. If you do not want to include some of the patients, you can clear the check box for those patients.

Closed Encounter Date/Time on Treatment Plan Letter

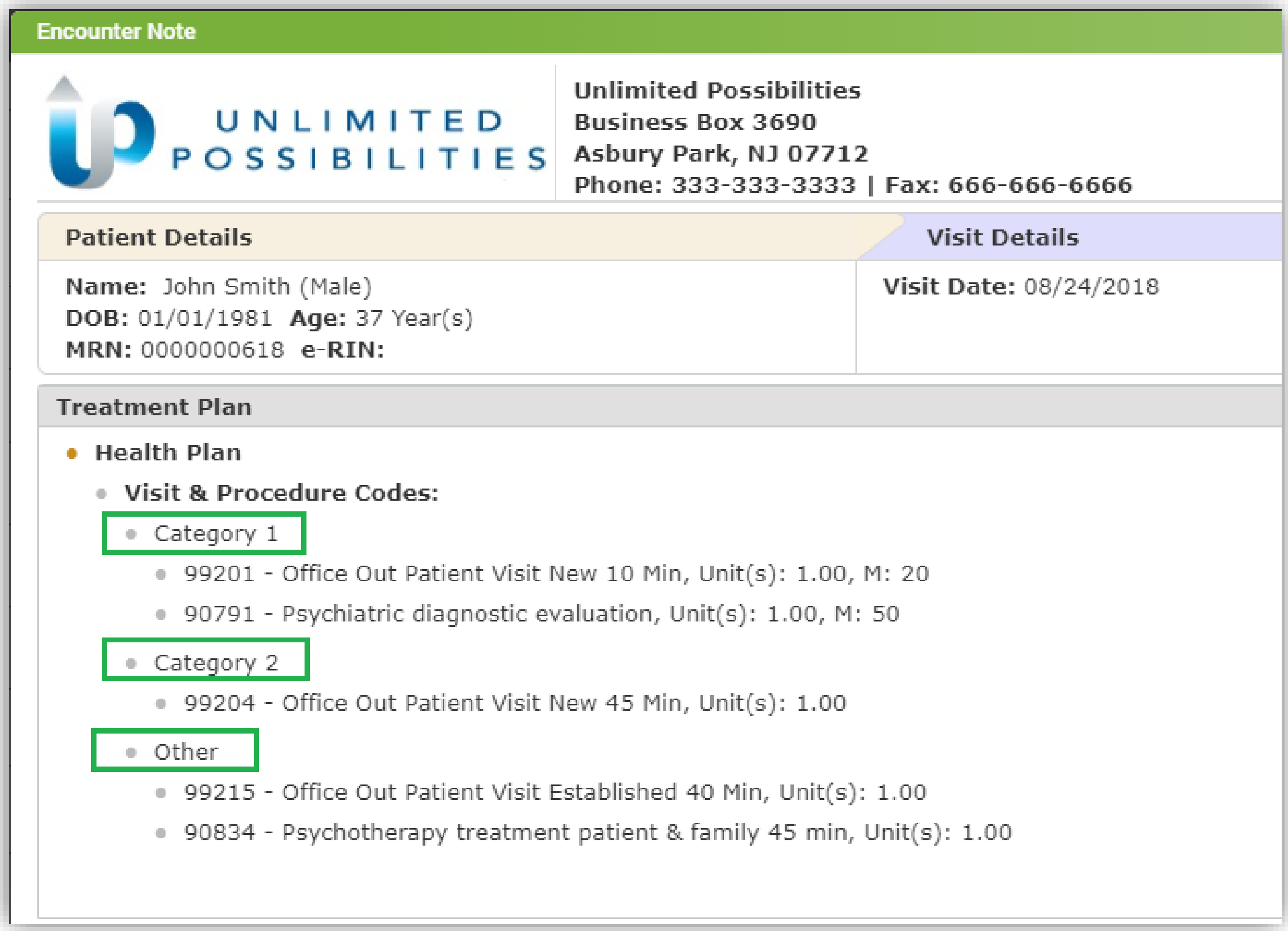
Before, when you printed the Treatment Plan Letter, InSync would display the time of when you printed it now when the provider and/or patient signed it.

Now, the date/time will be displayed based on when the encounter note was signed. If the encounter note is still in progress the date/time will still be the system time of when you printed the letter.



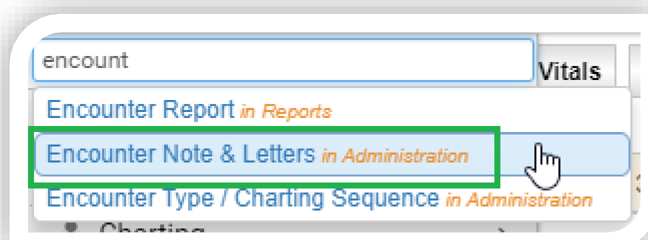
Encounter Note Preview: Ability to Display Treatment Plan with Categories Visible

On the Encounter Note, you can now view the Treatment Plan items displayed by category. Refer to the following screenshot:

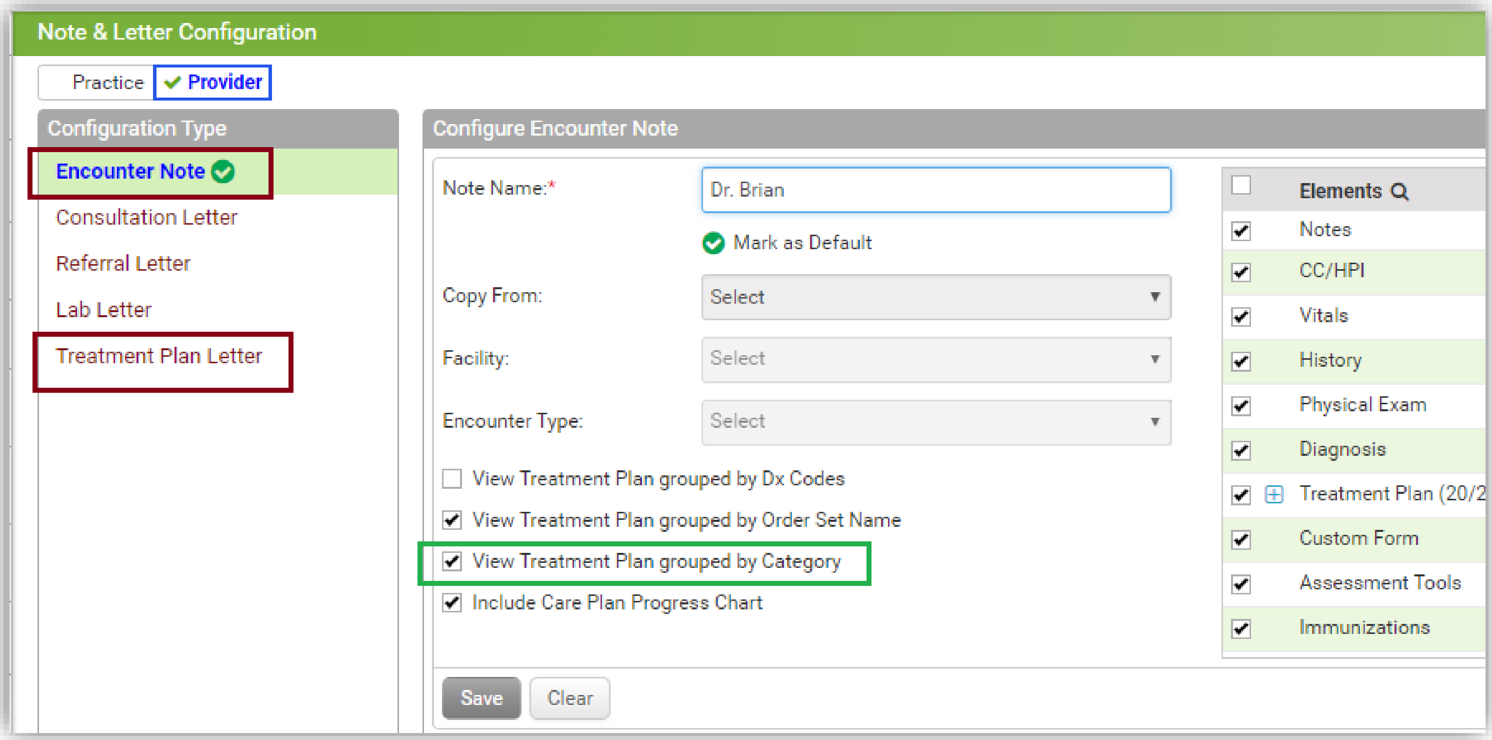


To view the Treatment Plan items by category, you must first configure it in the Note & Letter Configuration screen.

In top left smart search box, type in “encounter” and then click “Encounter Note & Letters”.



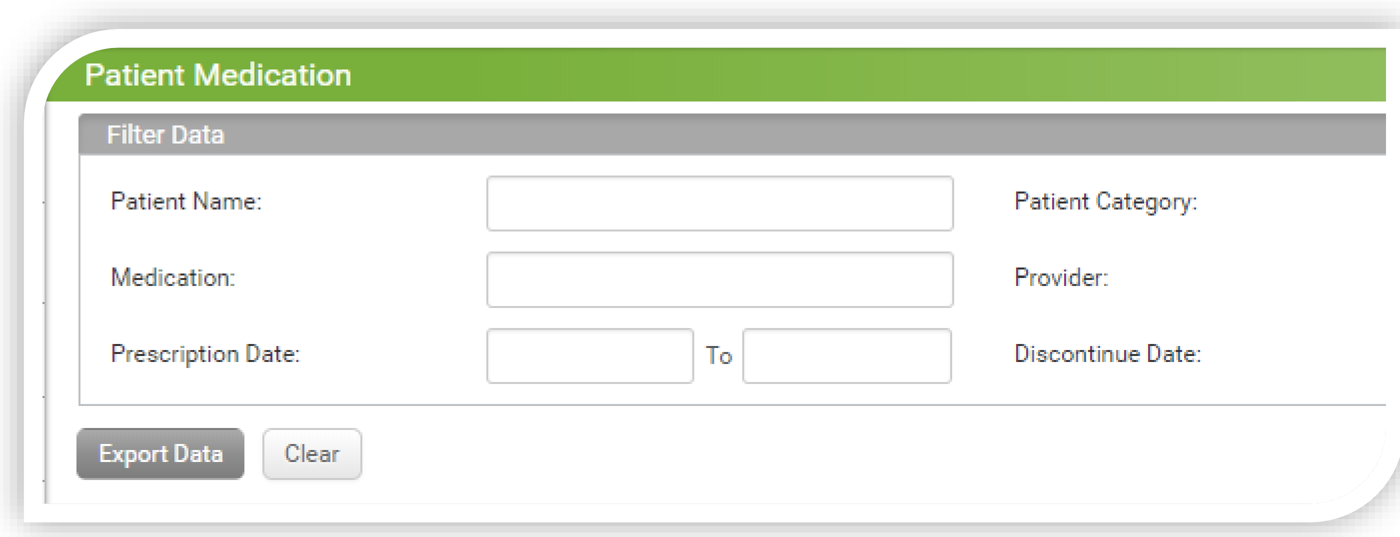
On the Note & Letter Configuration screen, select the “View Treatment Plan grouped by Category” check box.

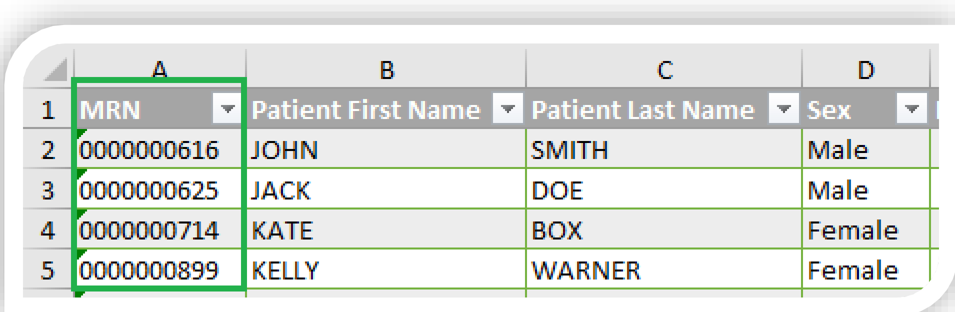


Similarly, you will also view the Treatment Plan items per category in the Treatment Plan Letter if you have configured it from the above screen.

Patient Medication Report: New MRN Field

When you export the Patient Medication Report to excel, you will NOW find the MRN in the excel file.

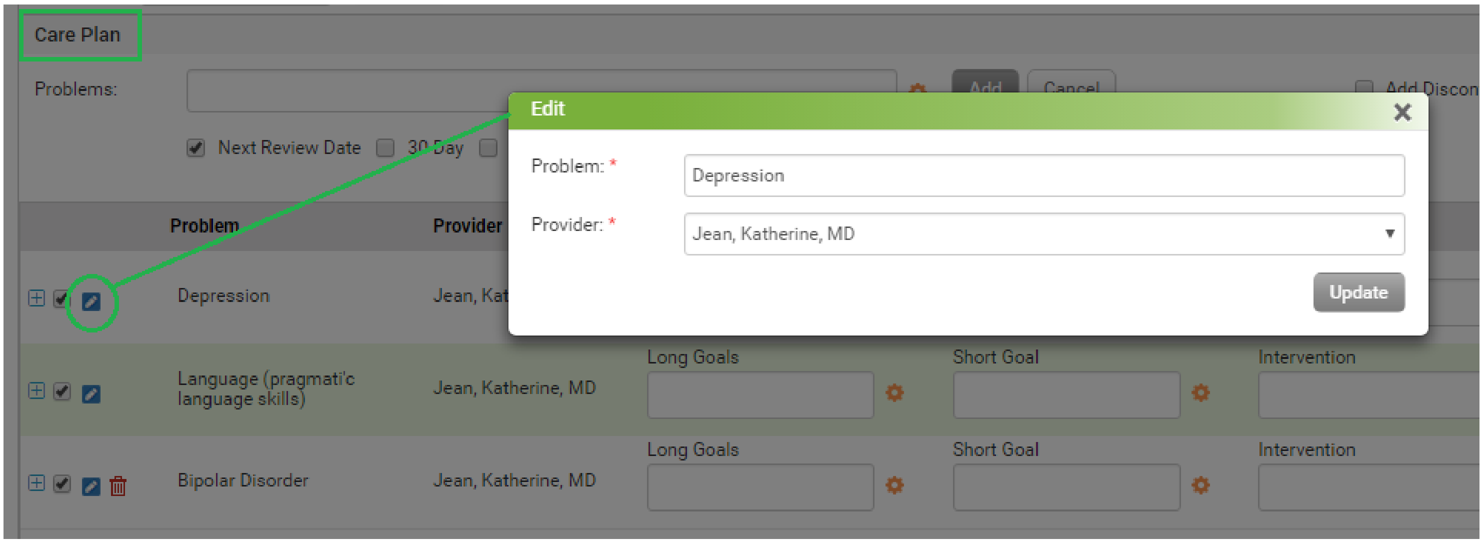




	A	B	C	D
1	MRN	Patient First Name	Patient Last Name	Sex
2	0000000616	JOHN	SMITH	Male
3	0000000625	JACK	DOE	Male
4	0000000714	KATE	BOX	Female
5	0000000899	KELLY	WARNER	Female

CARE PLAN: ABILITY TO CHANGE PROVIDER NAME FOR EACH PROBLEM

In the Care Plan module, you can now change the provider name as well as edit the problem name from the same screen for each problem:

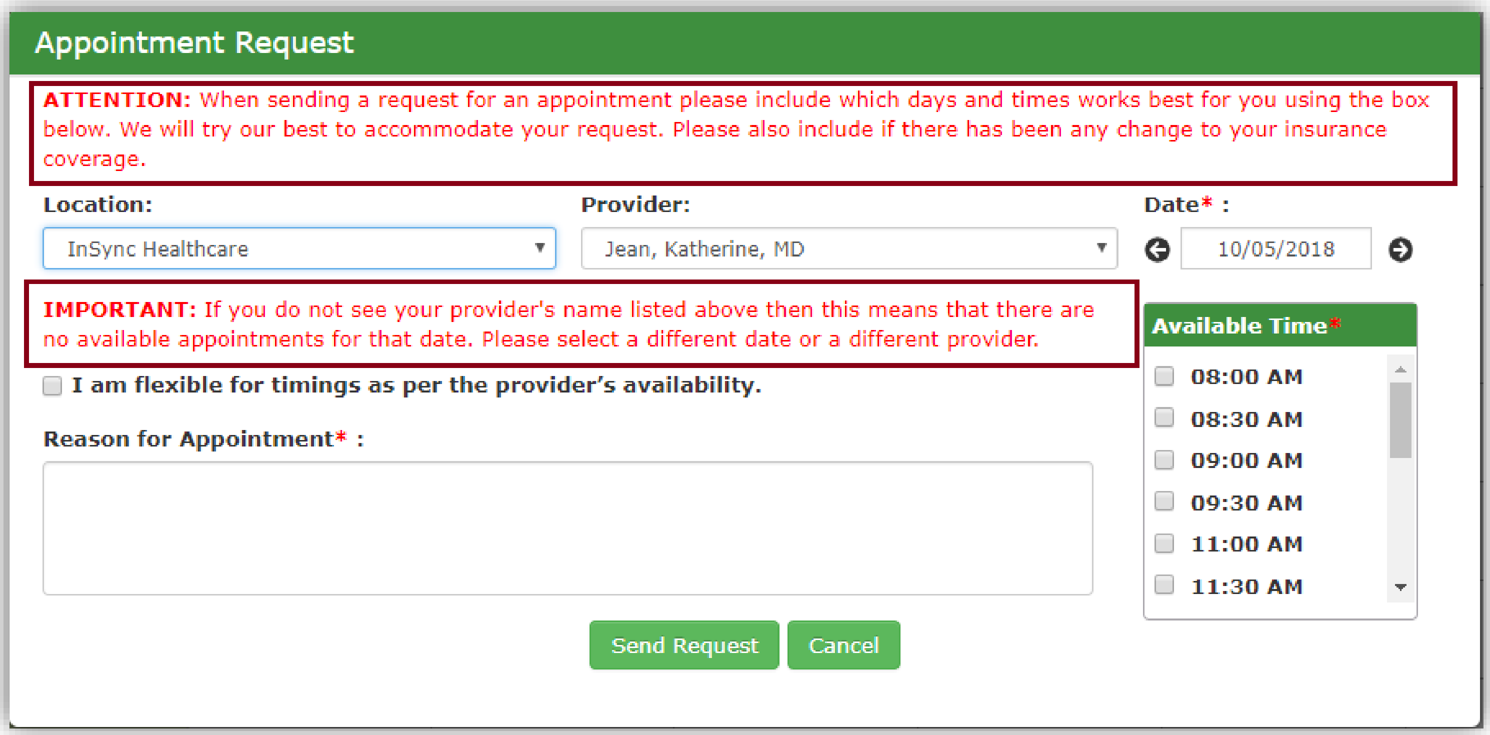


PORTAL ACCESS FOR INACTIVE PATIENTS

When you are deactivating a patient in InSync, you will now be asked if you would like to block patient portal access or leave it granted. Inactive patients will have the option to maintain patient portal access. This is done on a patient by patient basis.

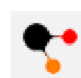
PATIENT INSTRUCTIONS IN PORTAL WHEN SENDING APPOINTMENT REQUESTS

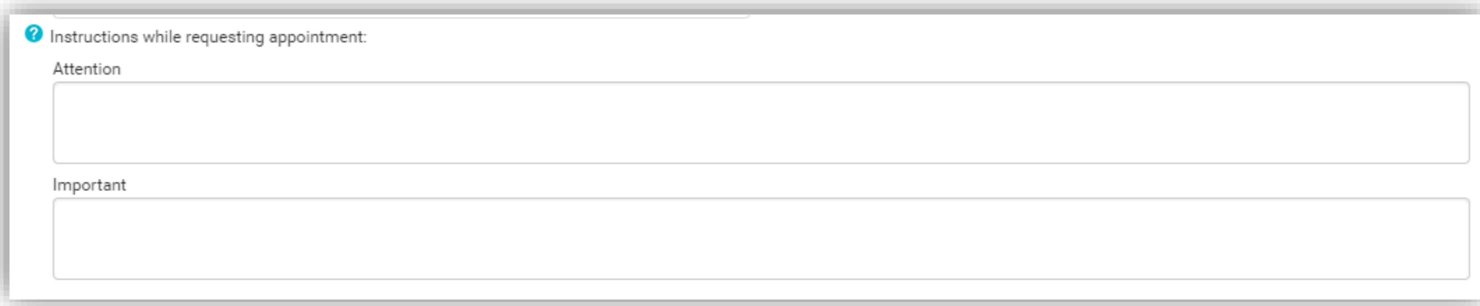
The practice is now able to configure custom messages and alerts as shown below. When a patient is requesting an appointment via the patient portal they would be able to view these messages.



A common example of a message a practice may configure could be:

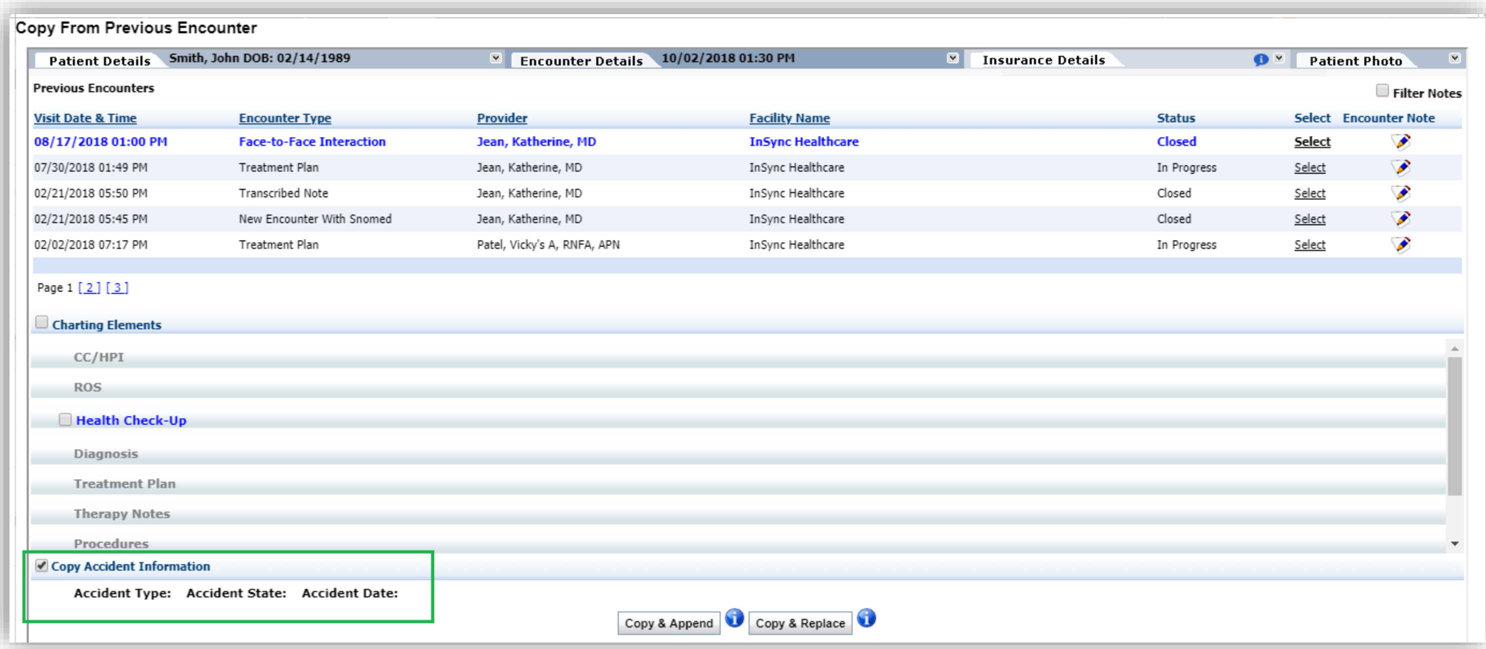
"If it is a medical emergency, please call 911 or go to the nearest emergency room. If experiencing a crisis, please call our office instead of requesting an appointment".

To configure these messages, go to the Practice Level Configuration screen by clicking  icon from the bookmarks and expand the 'Portal' panel. In the following screen, type in the instructions that you want the patient portal users should see while sending an appointment request.



Copy Accident Information from Previous Encounter

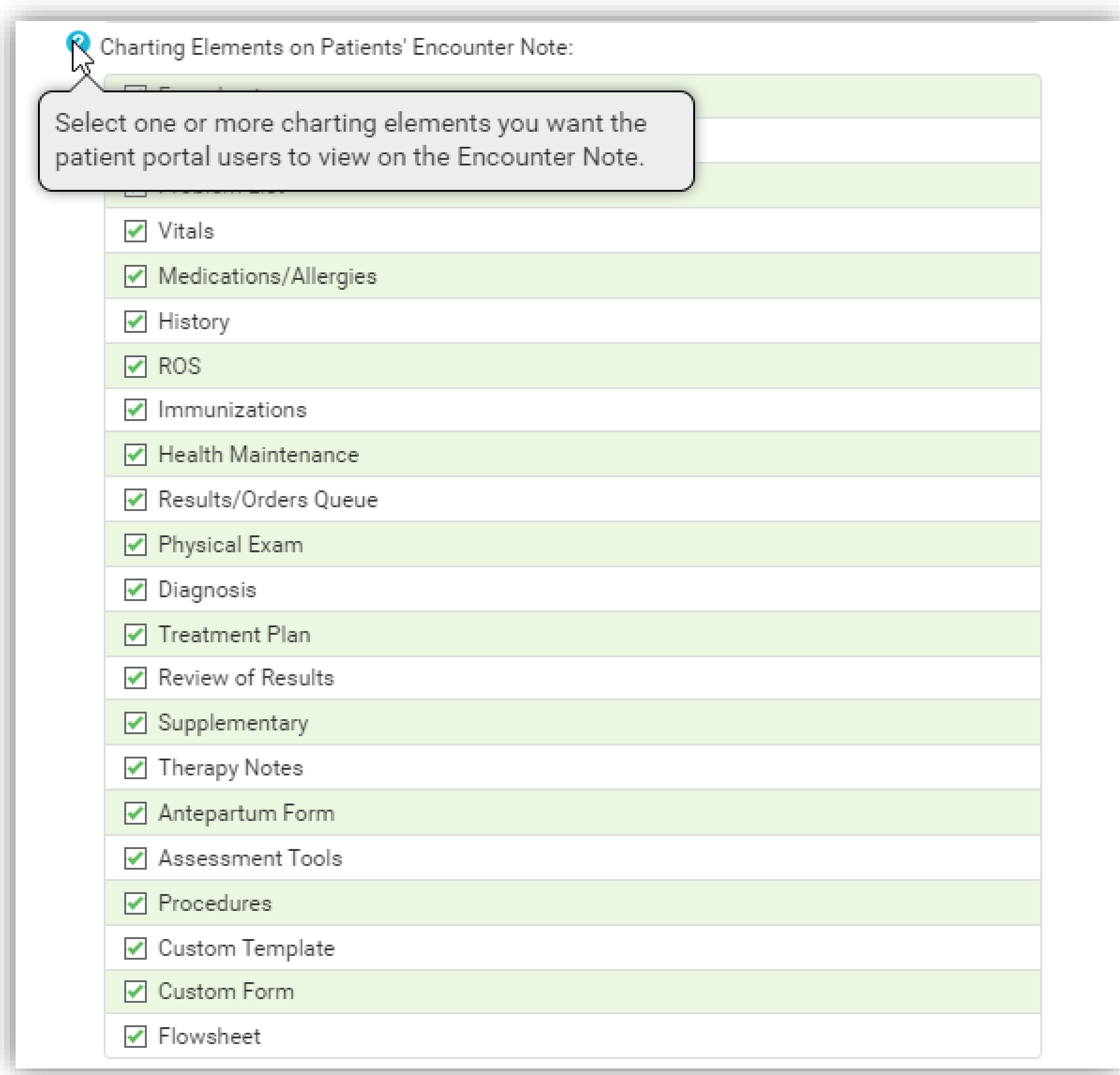
InSync now allows you to copy patient's accident details from the previous encounter. When you click the button from Facesheet, the 'Copy Accident Information' check box appears at the end. To copy the accident details, select this check box.



Ability to Configure which Encounter Note Elements are Visible on the Portal

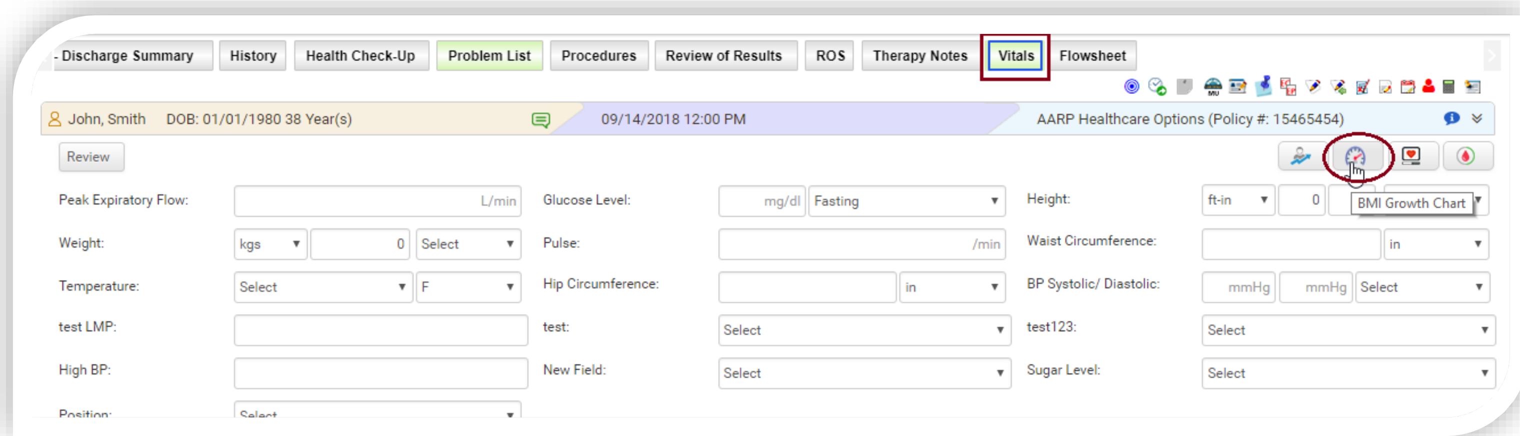
The practice can now decide which charting elements of the provider's encounter should be displayed on the patient portal. To do this, go to the Practice Level Configuration screen by clicking icon from the bookmarks and expand the 'Portal' panel.

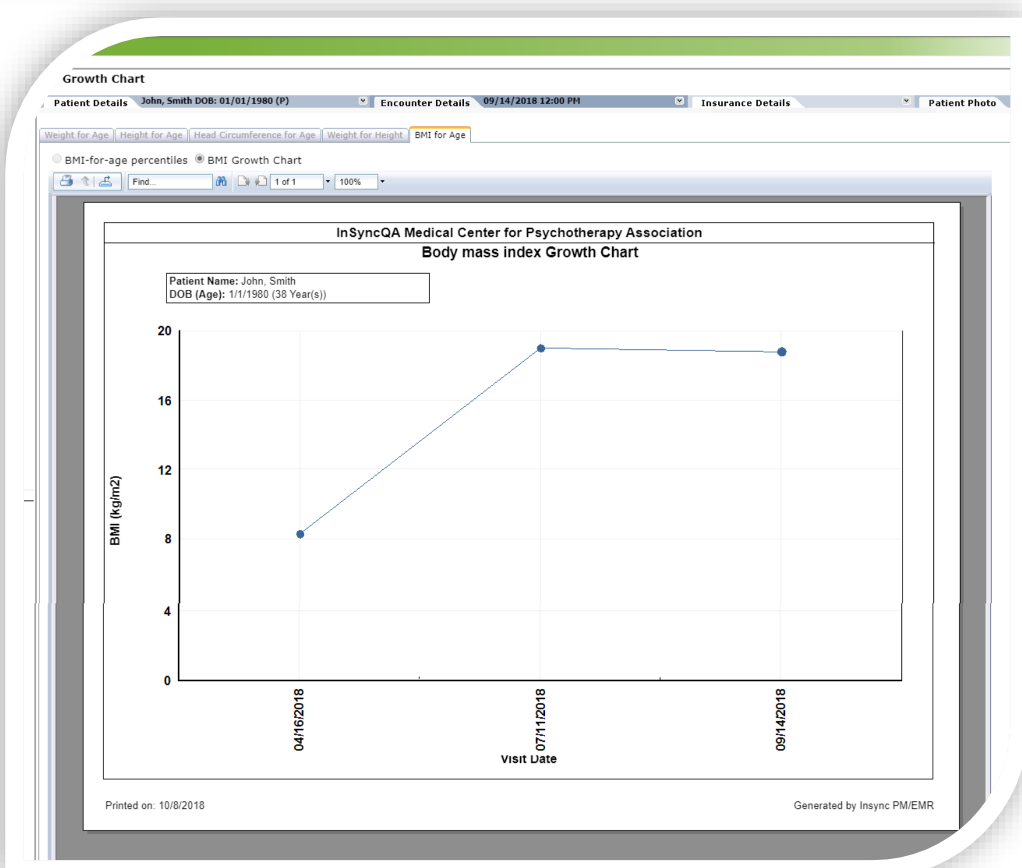
In the 'Charting Elements on Patients' Encounter Note' section, choose the charting elements you want to allow your patients to see in their Encounter Notes on the portal.



VITALS: BMI GROWTH CHART

You can now generate the BMI Growth Chart for a patient by clicking the icon shown at the top right corner of the Vitals screen. The restriction stopping you from generating a growth chart for anyone above the age of 20 has now been removed.





New ICD/Diagnosis Search Engine

InSync's ICD/Diagnosis search engine has been redesigned. The system now stores all ICD10 codes within the software hence improving the performance of how quickly the search results will appear to the user. The third-party vendor, IMO, used for supplying InSync with ICD10 codes has also been removed from the software. With these changes, users should be expecting to notice 2 differences in the new search. The cross-walk which aided in selecting more specific ICD10 codes vs general codes has been removed from the software. Also, the idea of seeing multiple ICD10 descriptions for the same ICD10 code has also been removed and you will only find ONE ICD10 description for each ICD10 code. If you feel the need to add more than one description for the same ICD10 code you will be able to do so.

Clinical Quality Measures (CQMs)

Following is a list of new as well as revised CQMs in this release:

New CQMs (Beta version)

- Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented (CMS22v6)
- Preventive Care and Screening: Influenza Immunization (CMS128v6)
- Diabetes: Foot Exam (CMS123v6)
- Diabetes: Medical Attention for Nephropathy (CMS134v6)
- Preventive Care and Screening: Screening for Depression and Follow-Up Plan (CMS2v7)
- Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%) (CMS145v6)
- Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) (CMS144v6)

Revised CQMs

- Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet (CMS164v6)
- Use of Imaging Studies for Low Back Pain (CMS166v7)
- Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (CMS138v6)
- Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%) (CMS122v6)
- Cervical Cancer Screening (CMS124v6)
- Breast Cancer Screening (CMS125v6)
- Diabetes: Eye Exam (CMS131v6)
- Falls: Screening for Future Fall Risk (CMS139v6)
- Use of High-Risk Medications in the Elderly (CMS156v6)

PM Features

Back

This section includes the PM features released in this version.

Completely Re-Designed Batch Payment

Back

The Batch Payments feature is completely enhanced to make it more user-friendly and intuitive. Here are few features that you will find in new Batch Payments module.

✓ **What's New in Batch Payments**

- Overpayment will be transferred to Insurance/Patient Unapplied Credit Automatically (Upon marking batch as Worked)
- Ability to add Remark Codes while Posting Payment
- Rebill Feature
- Transfer functionality

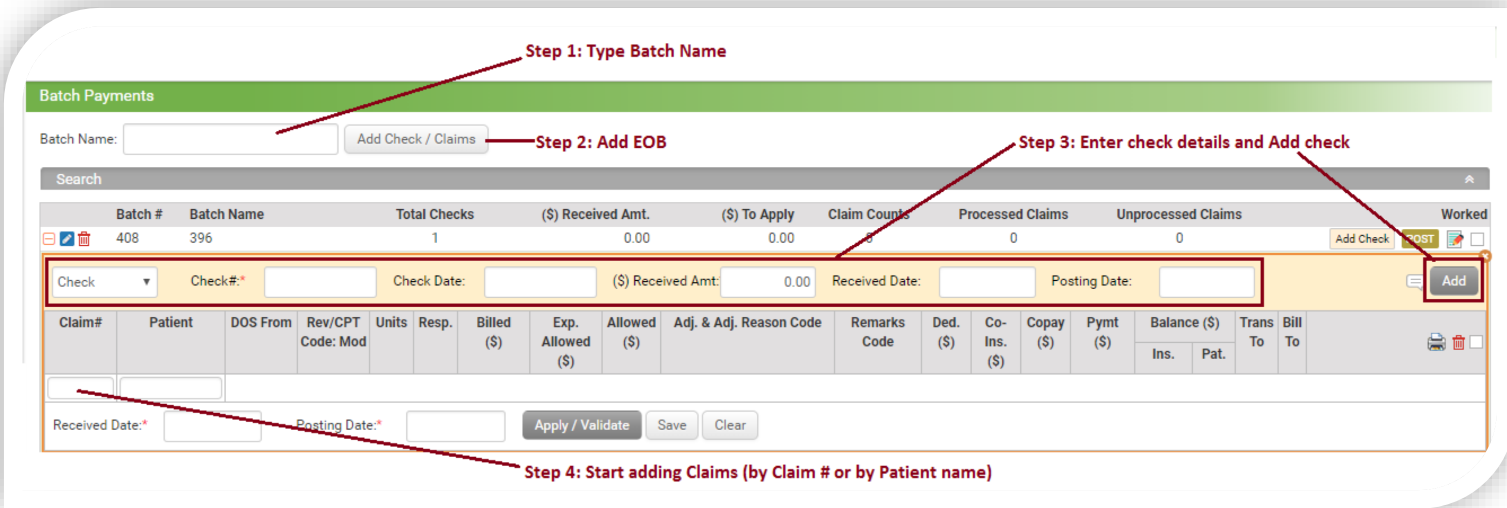
  When Rebill and Transfer both features are used, system will consider only the Transfer in this case.

- Multiple Credit Adjustments
- Patient Payment
- Post one EOB at a time
- Unapplied Credit Adjustment for Insurance and Patient
- Earlier, payer was mandatory for batch payment. Now, you can add EOB and then good to go to add claims.
- Earlier, only batch payment was possible. Now, you can also post payment for a single claim.

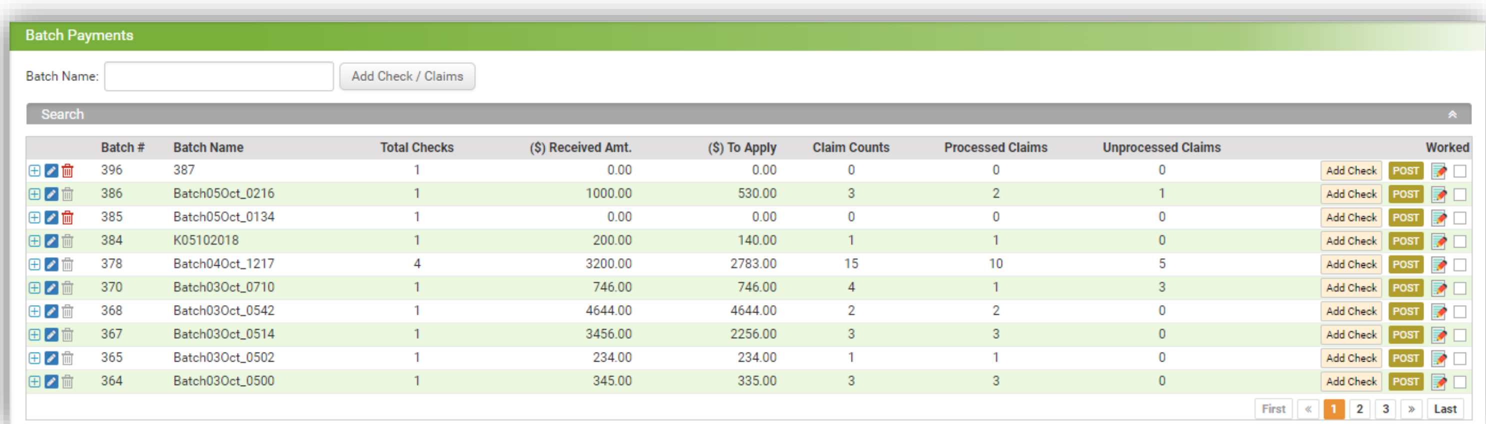
ADD CLAIMS IN A BATCH

Adding claims is quick and easier now!

Create a batch, add it, and then, you are good to go to add claims. Look at the below screen:



Once you add batches, they will appear as shown below:



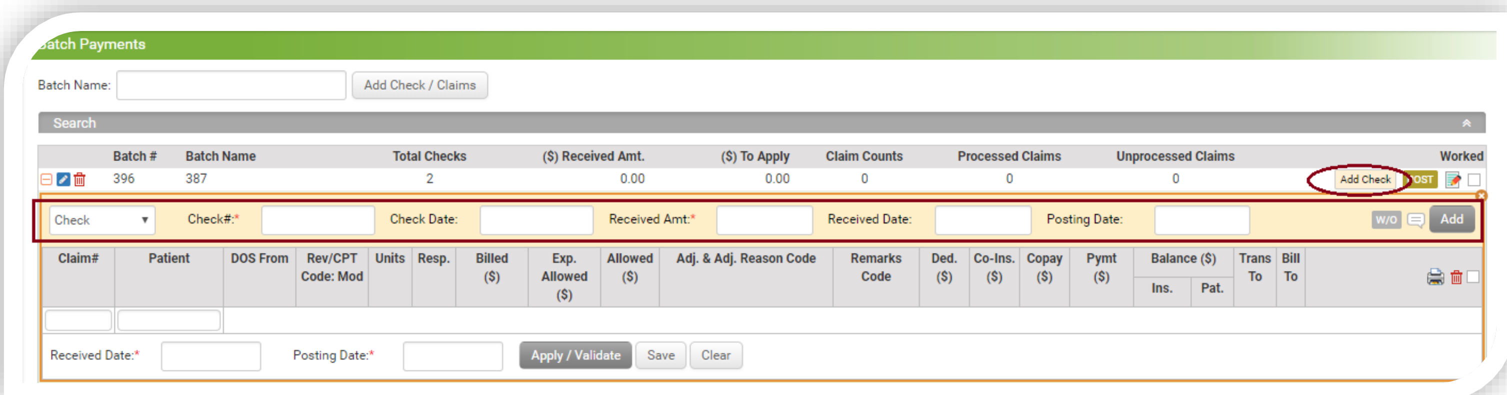
Batch #	Batch Name	Total Checks	($) Received Amt.	($) To Apply	Claim Counts	Processed Claims	Unprocessed Claims	Worked
396	387	1	0.00	0.00	0	0	0	
386	Batch05Oct_0216	1	1000.00	530.00	3	2	1	
385	Batch05Oct_0134	1	0.00	0.00	0	0	0	
384	K05102018	1	200.00	140.00	1	1	0	
378	Batch04Oct_1217	4	3200.00	2783.00	15	10	5	
370	Batch03Oct_0710	1	746.00	746.00	4	1	3	
368	Batch03Oct_0542	1	4644.00	4644.00	2	2	0	
367	Batch03Oct_0514	1	3456.00	2256.00	3	3	0	
365	Batch03Oct_0502	1	234.00	234.00	1	1	0	
364	Batch03Oct_0500	1	345.00	335.00	3	3	0	

- To expand the batch, click the ⊞ icon. After expanding the batch, you can add more claims and post payment for each claim as per your requirement.
- To change the batch name, click the Edit icon.
- To add EOBs to a batch, click the Add Check icon.
- To post payment for a batch, click the POST icon.

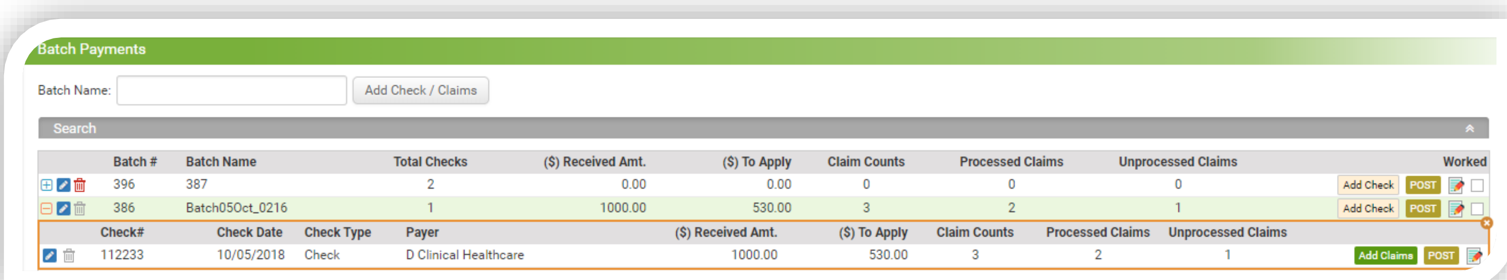
- To view the batch history who created or update the batch details, click the icon.
- To mark the batch as Worked, select the check box from extreme right side in grid. You can use the search panel to filter Worked batches.

Add EOBs to a Batch

When you click the Add EOBs button, a section opens right there to enable you to add EOB details. Look at the below screen. You can add EOB details and then click Add from extreme right.



Once added the Check details, they will appear as shown below:

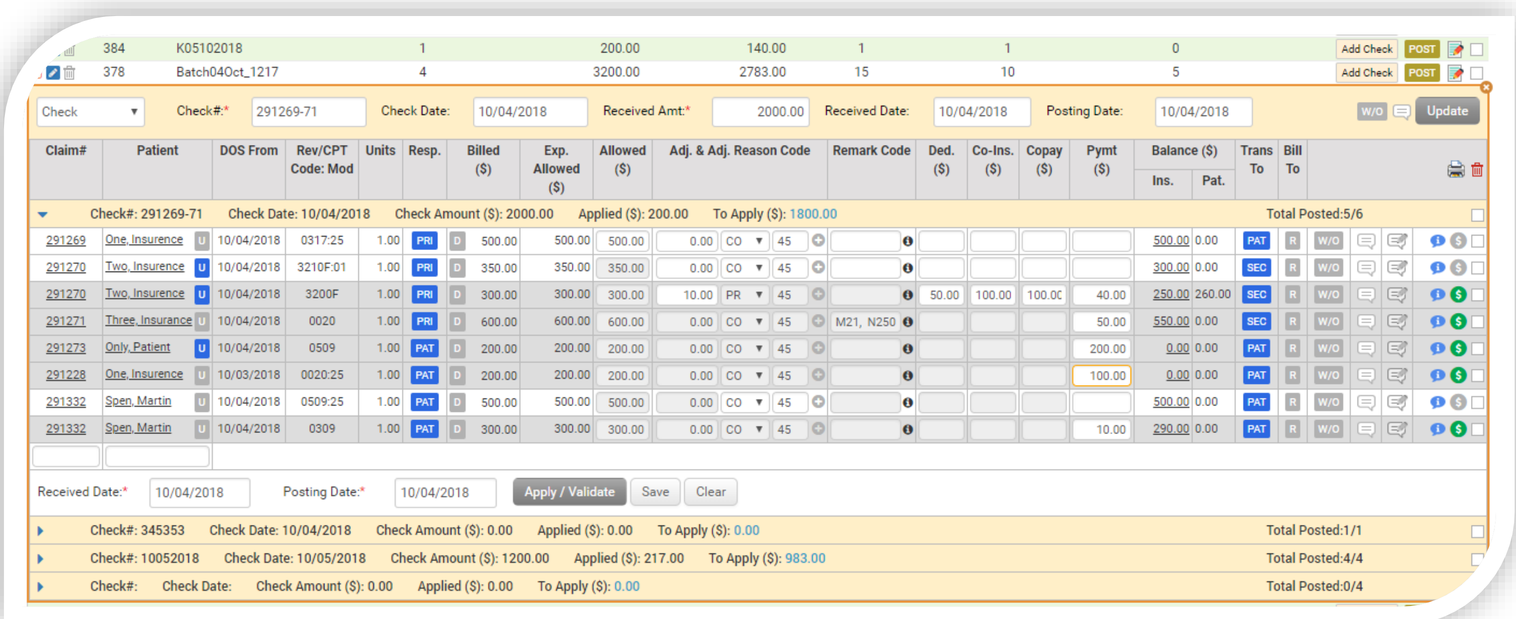


Posting Payment

When you click the Post button, a section opens right there to enable you to post the payment. You can post the payment for any EOB. Look at the extreme left side on the screen. Expand the EOB for which you want to post the payment.

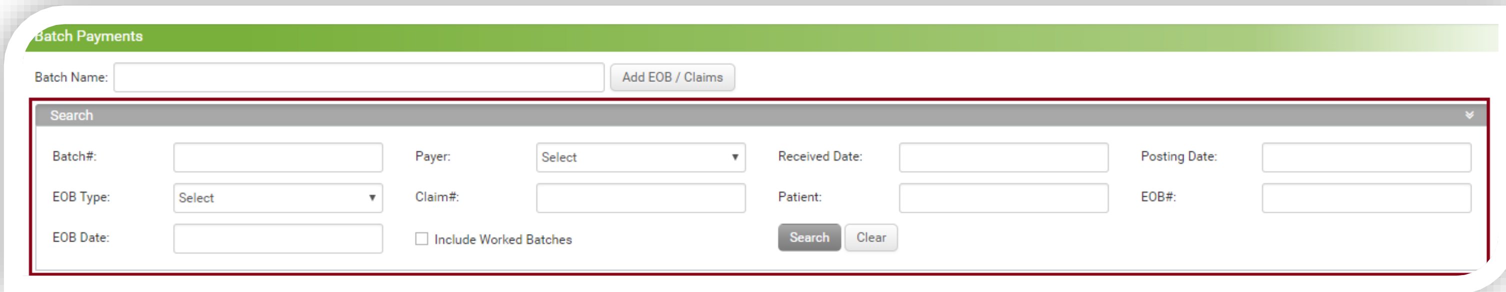
Once entered claim details,

- Click Save to save the claims.
- Click Apply/Validate to post the payment.



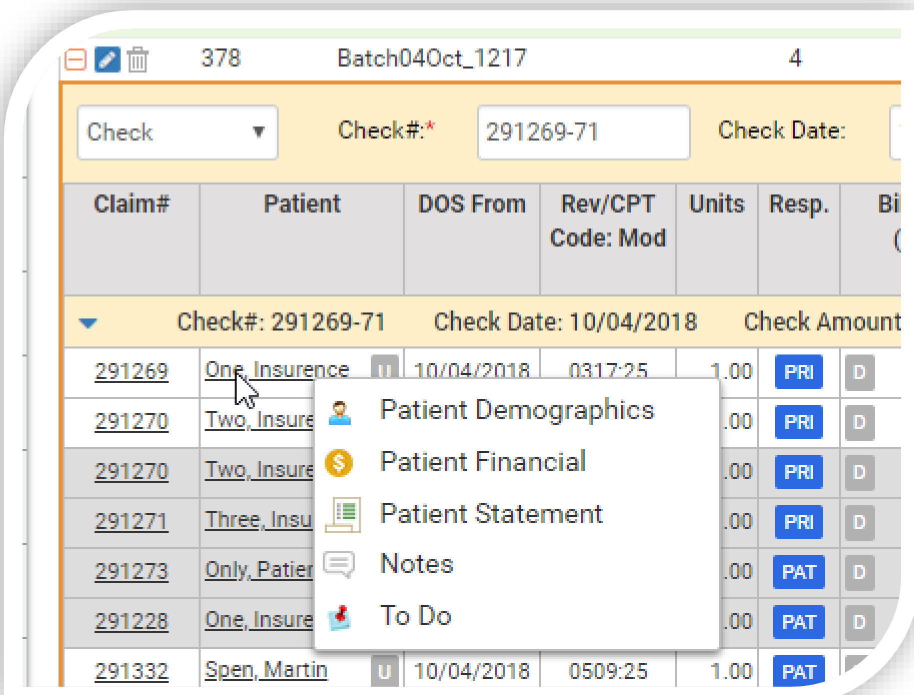
Batch Payments - Search Panel

Use Search panel to search the batches for EOBs and claims. If you have marked the batch as Worked, you can select the 'Include Worked Batches' check box to view such batches.



More Options on Clicking Patient Name

When you click the patient name, you will see various options there.



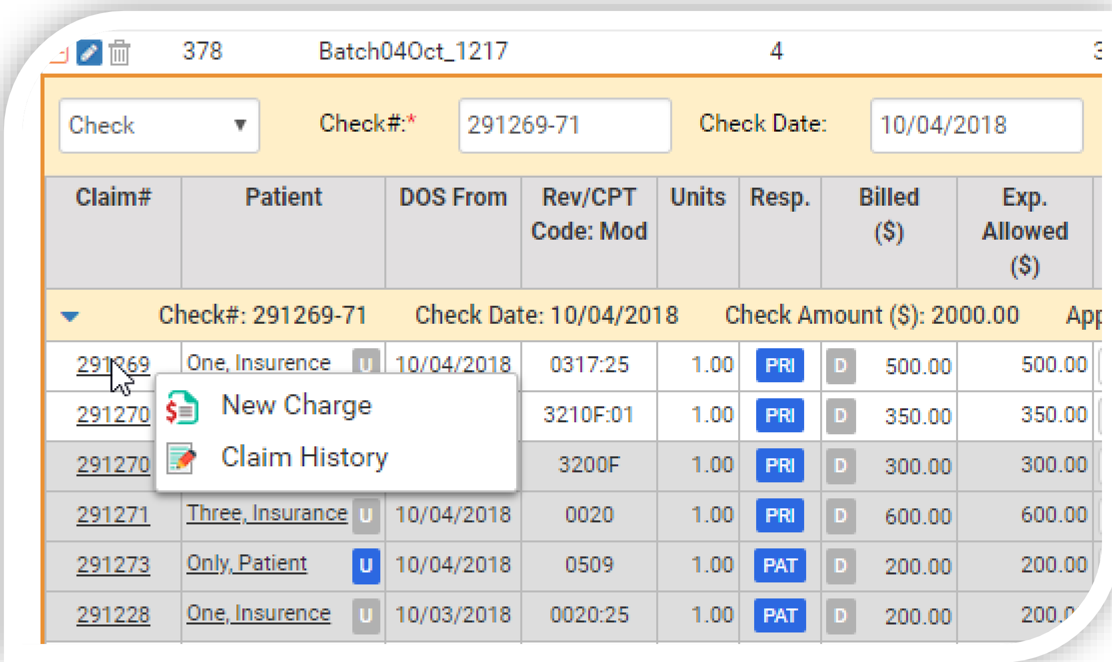
You can,

- Go to Patient Demographics
- Go to Patient Financial Screen
- Access Patient Statement
- View Notes
- Access To Dos

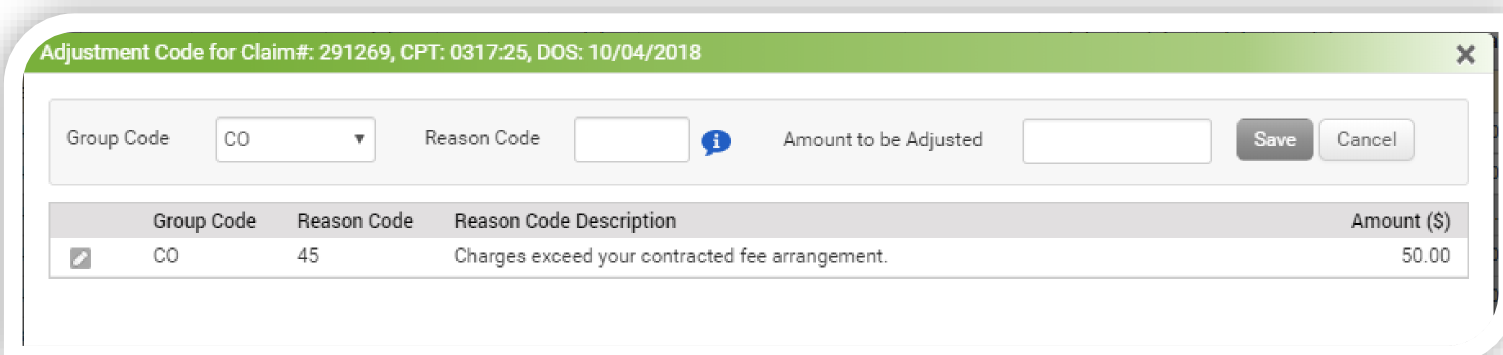
More Options on Clicking Claim Number

On clicking the claim number, you can,

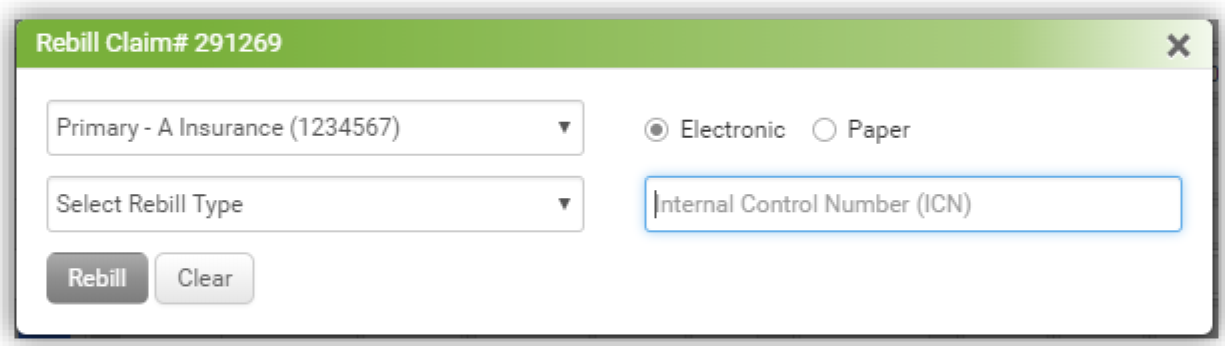
- Access New Charge screen
- View Claim History



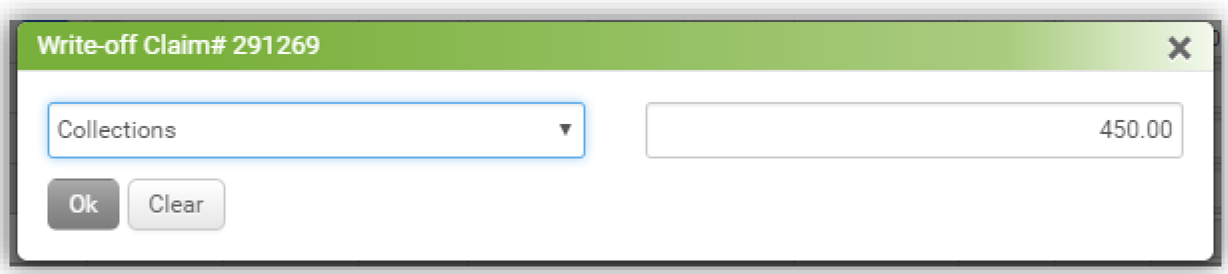
When you click the for Adjustment Reason Code, the following screen appears. You can then enter the Reason Code and Amount to be Adjusted there.



To rebill the claim, you can click the icon on the posting screen. Select the appropriate rebill options on this screen and click Rebill.



To write off the claim, click the icon on the posting screen. Select the appropriate write off options on this screen and click Ok.



Info icon appears on the extreme right side. Click the info icon to view the payment details. Look at the following screen for reference:

Payment Details for Claim#: 99976, CPT: 99213

DOS From	Posted Date	Transaction Type	Amount ($)	Payment Type Details
05/24/2016	10/02/2018	Insurance payment (Primary - Cigna Behavioral Health)	10.00	ACH# 123 Effective Date 09/11/2018
05/24/2016	10/02/2018	Credit adjustment (Primary - Cigna Behavioral Health)	25.91	ACH# 123 Effective Date 09/11/2018
05/24/2016	10/01/2018	Insurance payment (Secondary - Blue Cross Blue Shield Tn-Chattanooga-)	2.00	CHK# 1111 Dated 10/01/2018
05/24/2016	10/01/2018	Credit adjustment (Secondary - Blue Cross Blue Shield Tn-Chattanooga-)	2.00	CHK# 1111 Dated 10/01/2018
05/24/2016	10/01/2018	Deductible (Secondary - Blue Cross Blue Shield Tn-Chattanooga-)	2.00	CHK# 1111 Dated 10/01/2018
05/24/2016	10/01/2018	Co Insurance (Secondary - Blue Cross Blue Shield Tn-Chattanooga-)	2.00	CHK# 1111 Dated 10/01/2018
05/24/2016	10/01/2018	Co Payment (Secondary - Blue Cross Blue Shield Tn-Chattanooga-)	2.00	CHK# 1111 Dated 10/01/2018

View Payer Details when Printing Claims from New Charge

When you print the claims from the New Charge screen that has responsibility as 'Patient', system now prints the payer details as well. It will be the most recent payer to whom the claim was submitted.

Previously, payer details were not printed when the claim had 'Patient' responsibility.

Allow Undoing ERA Mapping

Back

Whenever an ERA Mapping is performed, the system now allows the user to Undo the mapping in the event of an error or unintentional action. The Undo Mapping button will remain available until the payment is posted. Additional changes in the ERA window also include:

- Your clearinghouse may sometimes append a string of numbers (CLP) to your InSync claim numbers for tracking and mapping purposes. Though in most cases, the clearinghouse will remove these numbers prior to forwarding the ERA file to InSync, there are situations where the numbers are still appended to the claim number resulting in the InSync system not recognizing the claim. To reduce these issues, the system can now be configured to monitor for appended CLP numbers. The system will then remove them as part of the ERA payment processing procedures and eliminate the need to manually edit ERA payment files prior to processing the payment in your InSync system.

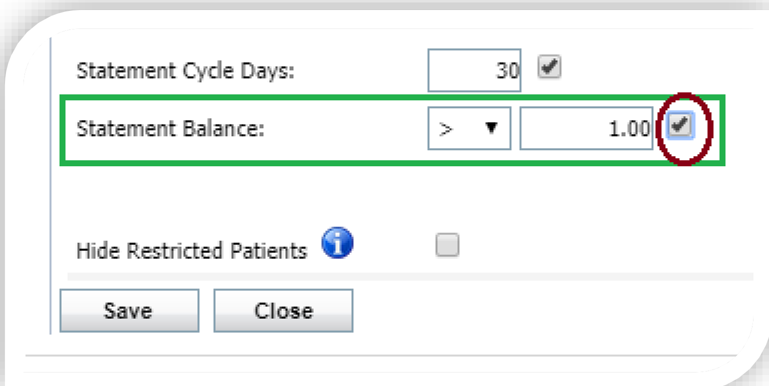
- To simplify and expedite the claim mapping procedures, additional details are now added on the Map Claims screen to allow the user to map the claim to the payment quickly and accurately:

  MRN | Submission Date | Submitted To

SEND PATIENT STATEMENT FOR MINIMUM BALANCE ONLY

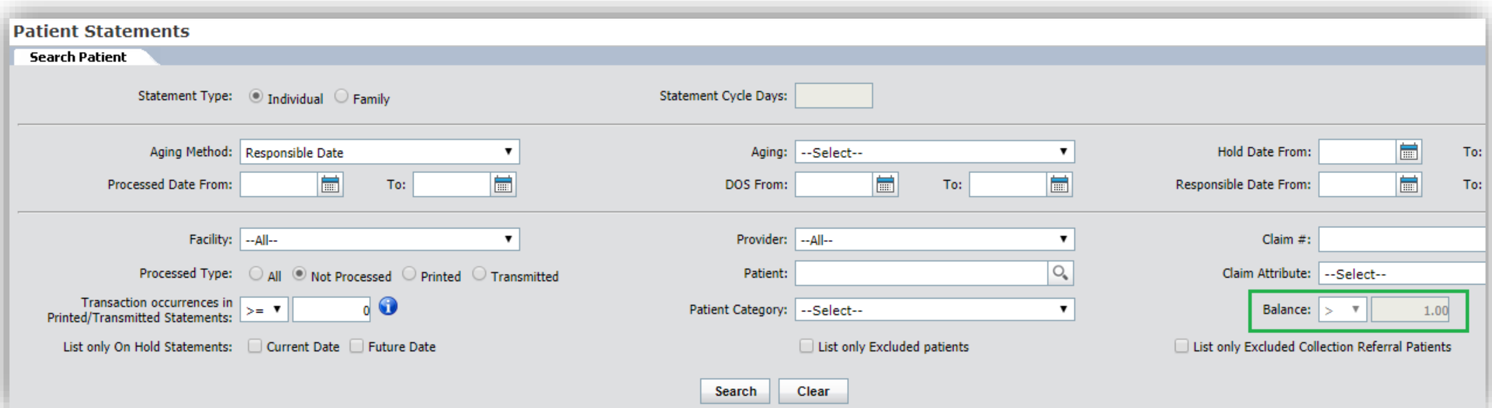
The system will now allow the practice to default the minimum balance required to generate statements. Previously, users had to designate the minimum statement balance for patients during statement processing. You can now define the minimum statement balance in the Practice Defaults screen. The practice will also have the ability to prevent users from changing the minimum statement balance during statement generation by clicking on the check box next to the minimum balance definition in practice defaults.

To access the Practice Defaults screen, expand left pane, select Administration > Practice > Practice Defaults link.



In the Statement Balance field, choose the minimum amount and select the check box next to it.

When you access the Patient Statements screen, the Balance field will become disabled so that the user cannot change it when filtering through patient statements.



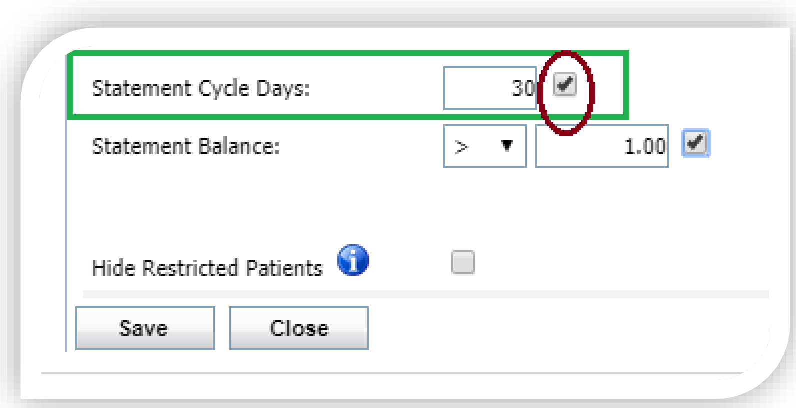
Go to TOP

Send Patient Statement after Specific Period only

System facilitates the users with a choice to send patient statement after specific number of days only. For example, you can choose to send patient statement only if it is not sent in last 30 days, if it is within 30 days, then you may not want to send it.

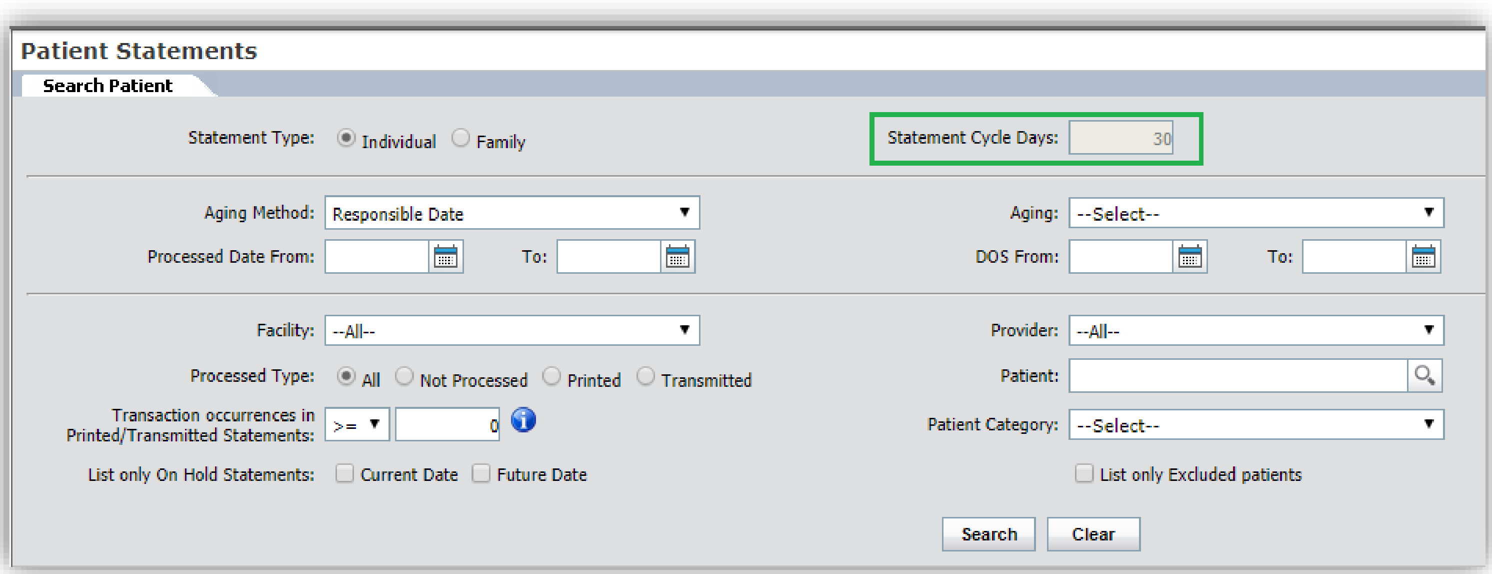
In this release, a check box is introduced on the Practice Defaults screen, if you select this check box, the user will not be able to change the days while filtering through the patient statements.

To access the Practice Defaults screen, expand left pane, select Administration > Practice > Practice Defaults link.



In the Statement Cycle Days field, choose the number of days and select the check box next to it.

When you access the Patient Statements screen, the 'Statement Cycle Days' field will become disabled so that the user cannot change it when filtering through patient statements.

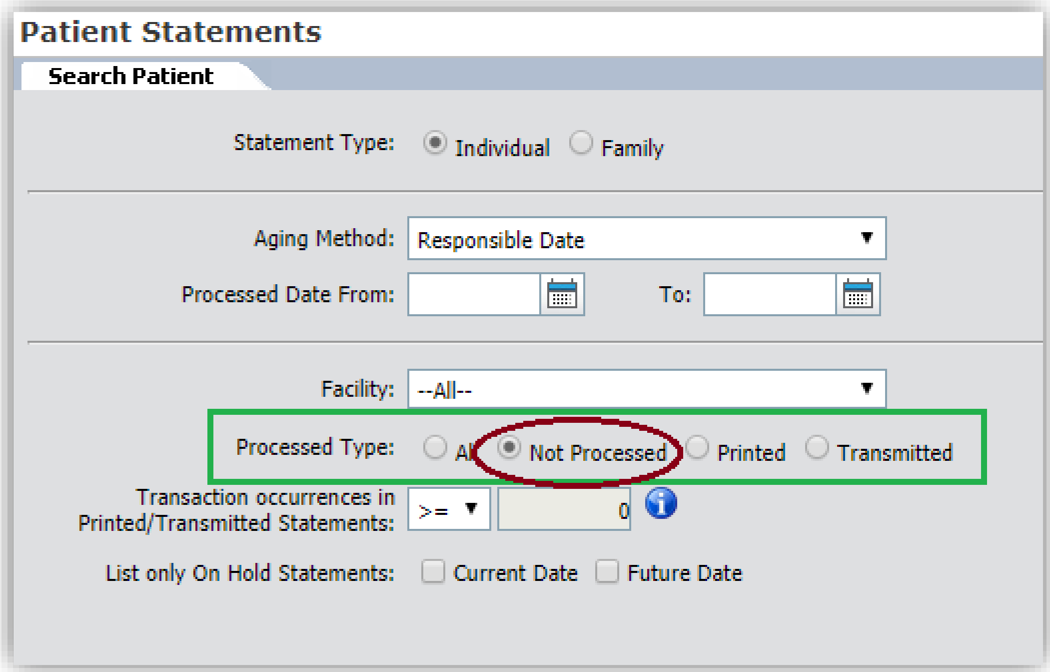


Patient Statements - Access 'Not Processed' Statements By Default

When you accessed the Patient Statements screen, system filtered out All statements by default.

Now, the system will display only 'Not Processed' patient statements when you access the Patient statements screen for the first time.

If you want, you can change the different option from the 'Processed Type' section.



Transmitted Discharge Details in 837 File for UB04 (Institutional Claims)

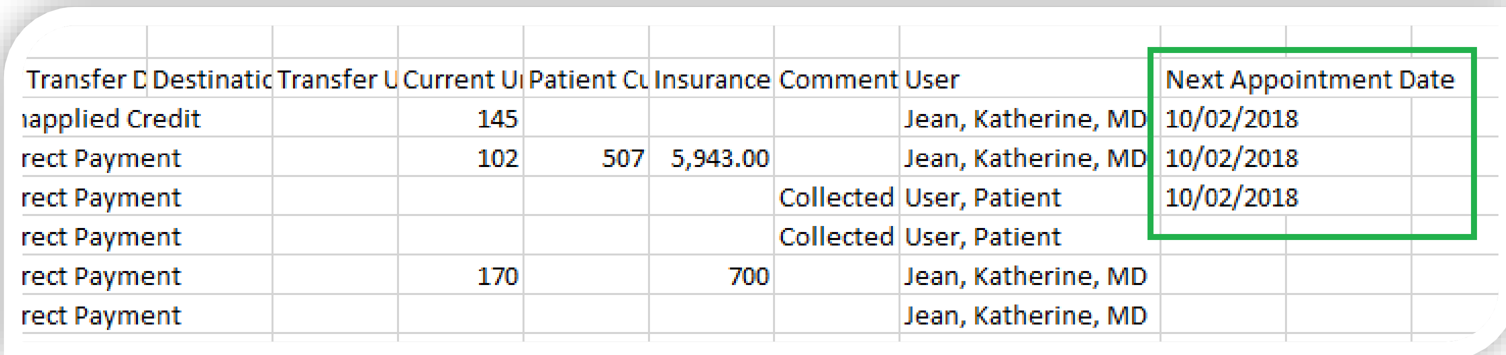
On the New Charge - Additional Claim Information screen, system enables you to capture Discharge Date and Time. In order to avoid claim rejections, system now transmits Discharge Time in 837 file for UB04 (Institutional Claims.)

Transmitting Dunning Message

Dunning message will get included while transmitting patient statement through vendor. In case of multiple aging, the comment from higher aging shall be transmitted.

Next Appointment Date on the Unapplied Credit Report

When you export the Unapplied Credit Report to excel, you can now find the patient's next appointment date, if you have booked any. This helps you to decide whether to refund the amount to the patient or not.

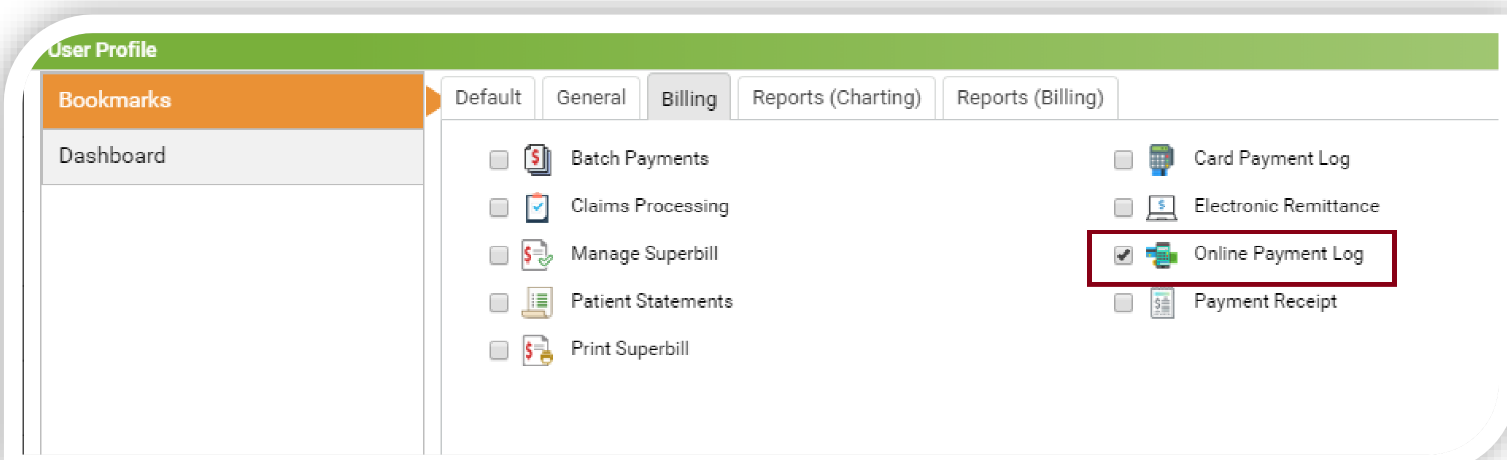


Transfer D	Destinatic	Transfer U	Current U	Patient Cu	Insurance	Comment	User	Next Appointment Date
ıapplied Credit			145				Jean, Katherine, MD	10/02/2018
rect Payment			102	507	5,943.00		Jean, Katherine, MD	10/02/2018
rect Payment						Collected	User, Patient	10/02/2018
rect Payment						Collected	User, Patient	
rect Payment			170		700		Jean, Katherine, MD	
rect Payment							Jean, Katherine, MD	

Configure 'Online Payment Log' as Bookmark in Your Left Pane

In the left pane, you can see several bookmarks for your quick access. You can now also find 'Online Payment Log' in this list. To configure it as your bookmark, access the User Profile screen, and select the Online Payment Log check box in the Billing tab.

To access the User Profile screen, click the orange wheel icon from the Dashboard.



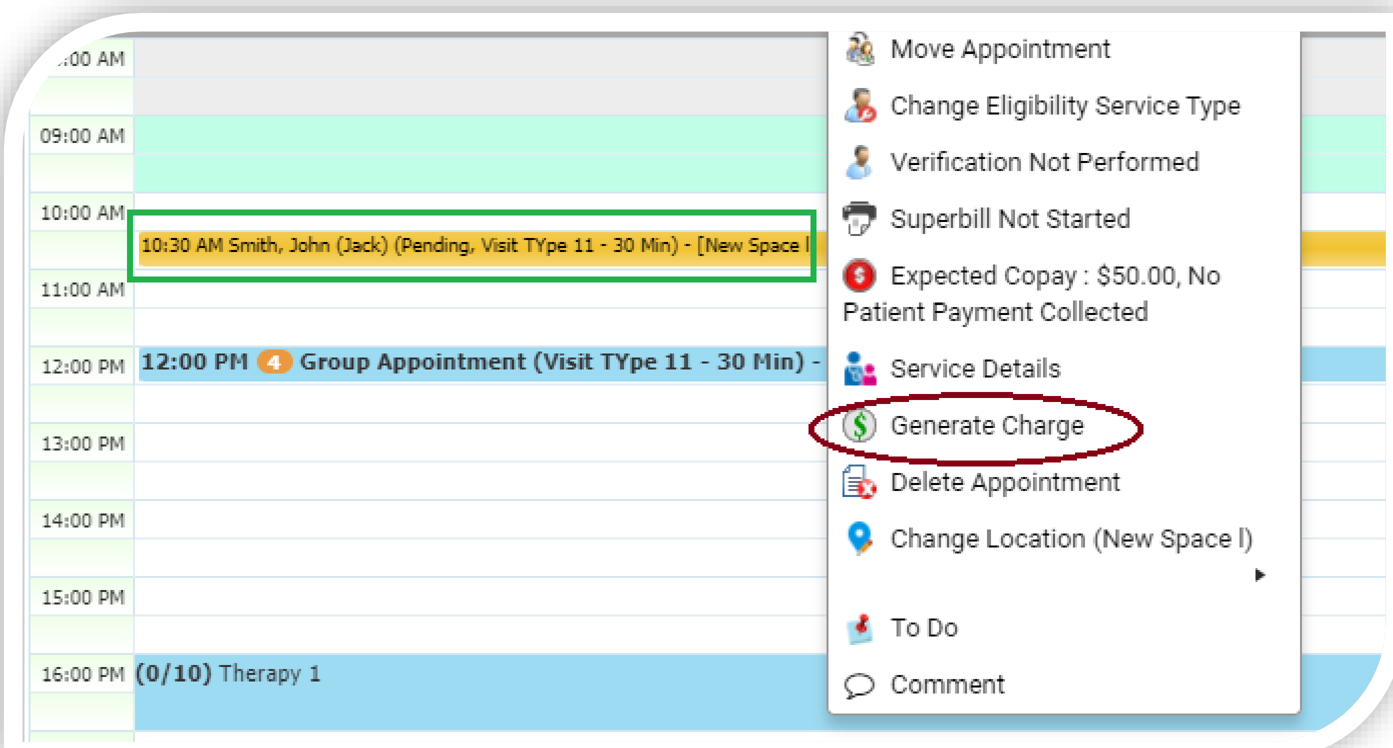
Show Facility on the Daily Payments Report

When you export the Daily Payments Report to excel, you can now find the Facility details there.

Facility	Provider	Attribute	Insurance	Patient	Grand Tot
InSync Healthcare	Bennett, Christy	None	5.00	0.00	5.00
InSync Healthcare	Jean, Katherine, MD	None	0.00	57.00	57.00
Grand Total			5.00	57.00	62.00

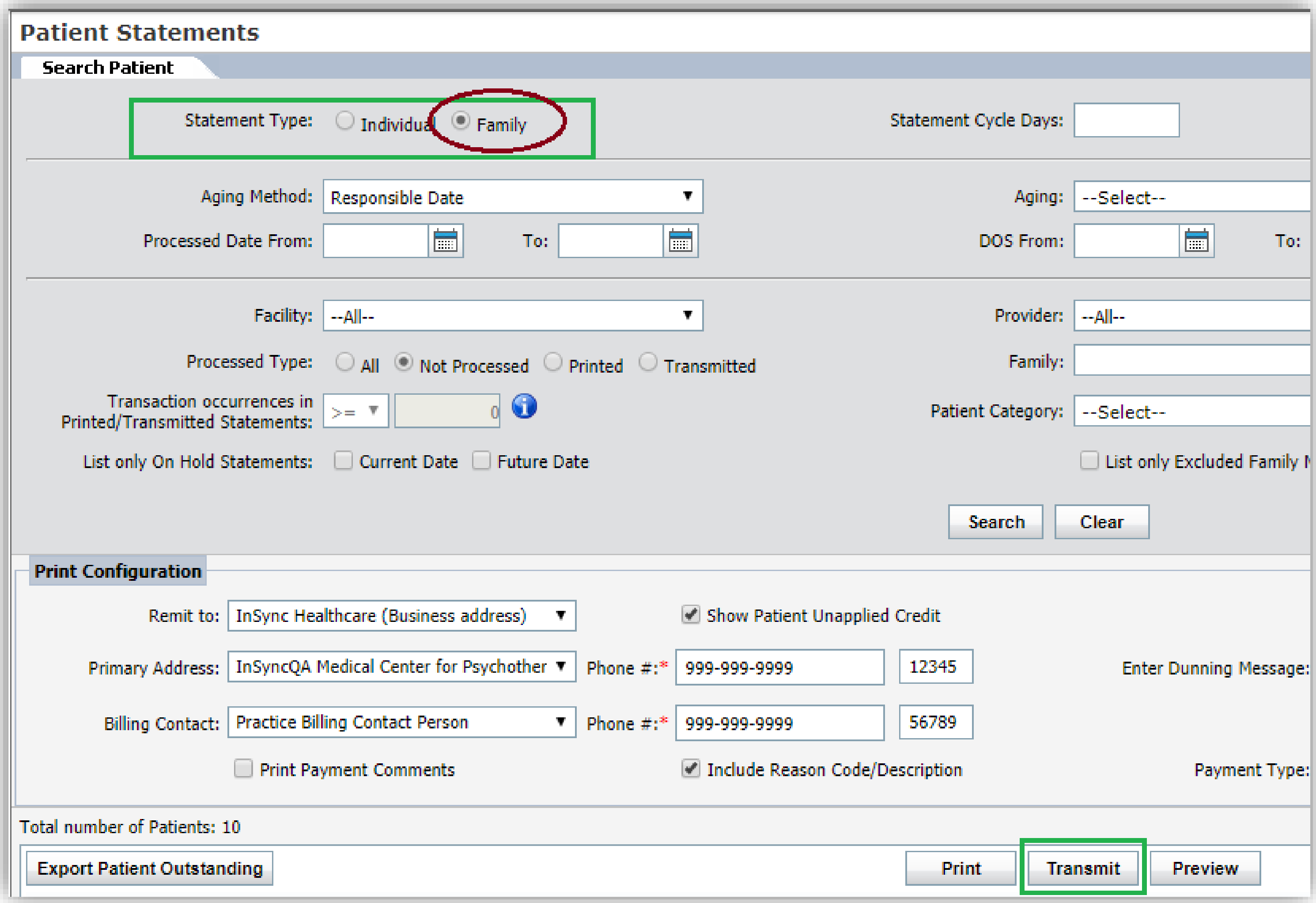
Generate Charge from Scheduler

System now facilitates the user to generate the charge without starting Superbill or Encounter. Previously, if superbill or encounter was not started, then the system did not show the 'Generate Charge' option on the Scheduler screen.



TRANSMITTING FAMILY STATEMENTS TO PRACTICE INSIGHT (PI)

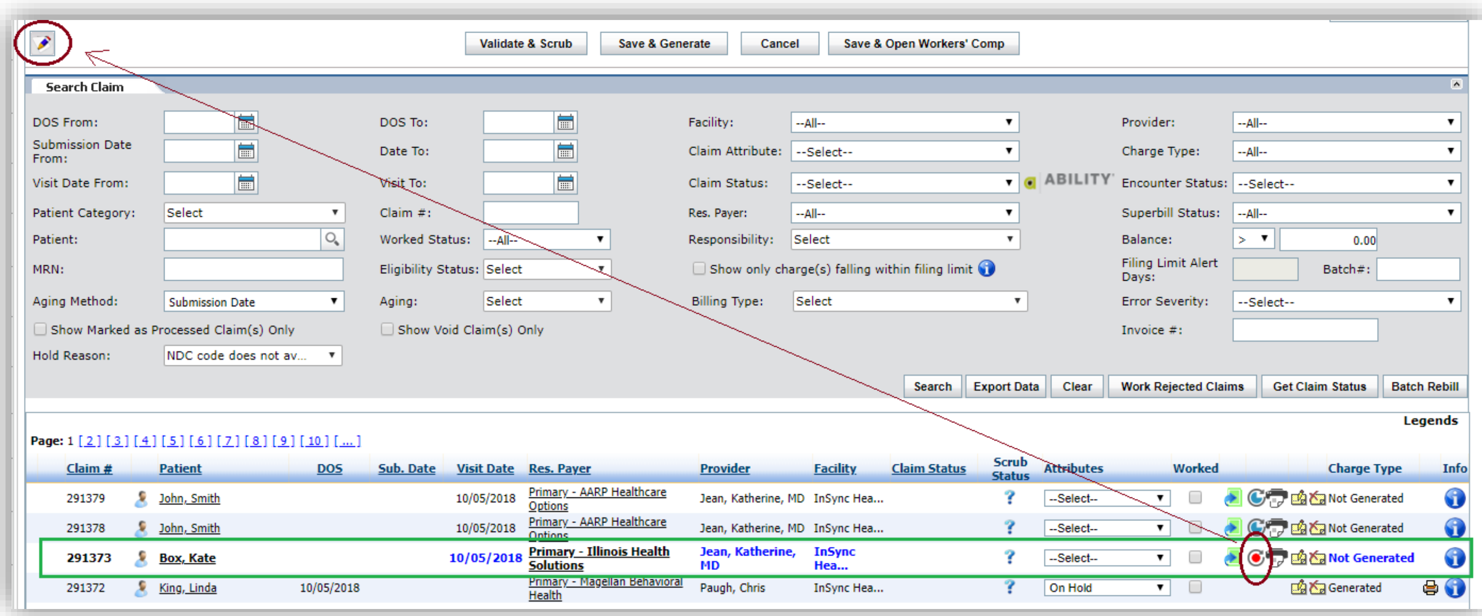
System now facilitates you to transmit Family Statements to the vendor. You can now transmit family statements if Electronic Patient Statement feature is activated with Practice Insight. Currently this feature is available only to the Practice Insight clients. On the Patient Statements screen, locate the Transmit button for the Family statement type.



View Encounter Note as a Separate Window

On the New Charge screen, when you open the Encounter Note for the closed encounters, it will appear as a separate window. This will help you to edit the charge details looking at the Encounter Note details.

Once opened the Encounter Note, you can press Alt Tab to toggle between the screens.



Added Claim Adjustment Reason Codes

With reference to the WPC website, following are the newly added claim adjustment reason codes in the system:

1. Code: 295
   Description: Pharmacy Direct/Indirect Remuneration (DIR)
   Transaction Type: Credit
   Group Code: CO,OA,PR,PI
   Action: Next payer

2. Code: 296
   Description: Precertification/authorization/notification/pre-treatment number may be valid but does not apply to the provider.
   Transaction Type: Credit
   Group Code: CO,OA,PR,PI
   Action: Next payer

Added Remittance Advice Remarks Codes

With reference to the WPC website, following are the newly added remittance advice remarks codes in the system:

	Code	Description
1.	N800	Only one service date is allowed per claim.
2.	N801	Services performed in a Medicare participating or CAH facility under a self-insured tribal Group Health Plan, in accordance with Federal Regulation 42 CFR 136.
3.	N802	This claim/service is not payable under our service area. The claim must be filed to the Payer/Plan in whose service area the Rendering Physician is located.
4.	N803	Submission of the claim for the service rendered is the responsibility of the Contracted Medical Group or Hospital.
5.	N804	Alert: The claim/service was processed through the Outpatient Code Editor (OCE).
6.	N805	Alert: The claim/service was processed through the Correct Code Editor (CCE).
7.	N806	Payment is included in the Global transplant allowance.
8.	N807	Payment adjustment based on the Merit-based Incentive Payment System (MIPS).
9.	N808	Not covered for this provider type / provider specialty.